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NEW HAMPSHIRE

2007

Business Tax Booklet For Proprietorships

BPT: RSA 77-A and Rev 300

BET: RSA 77-E and Rev 2400

This booklet contains the following New Hampshire state tax forms and instructions necessary for filing both the Business Enterprise Tax (BET) return and the Business Profits Tax (BPT) return.

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Return due date for calendar year filers:
April 15, 2008

E-FILE DRA

Taxpayers can make estimate, extension, tax notice, and return payments on the Internet for Business Profits Tax, Business Enterprise Tax, Meals & Rentals Tax and Interest & Dividends Taxes. For more information, please visit our web site at www.revenue.nh.gov.

EXTENSION: An **automatic** 7-month extension of time to file the Business Enterprise Tax and/or Business Profits Tax return(s) will be granted **if you pay 100%** of the taxes determined to be due by the due date of the tax. If an additional payment is necessary in order to have paid 100% of the taxes determined to be due, you may make your 100% payment on-line or file it with Form BT-EXT, Extension Application for Business Taxes.

TAX RATE: Effective for all tax years ending on or after July 1, 2001, the Business Profits Tax rate is **8.5%**, and the Business Enterprise Tax rate is **0.75%**.

BET FILING THRESHOLDS: The filing threshold for the Business Enterprise Tax is **\$150,000** of gross business receipts or **\$75,000** of the enterprise value tax base.

BPT FILING THRESHOLDS: The filing threshold for Business Profits Tax is gross business income in excess of **\$50,000** from business activity **everywhere**.

INTERNAL REVENUE CODE (IRC): The New Hampshire Legislature has not changed the current business tax laws to conform with the federal tax law changes. Therefore, unless the New Hampshire Legislature passes legislation to adopt the federal provisions, taxpayers must file their New Hampshire business tax returns using the provisions of the IRC in effect on December 31, 2000.

INTEREST RATE: Effective January 1, 2008 through December 31, 2008, the interest due on taxes administered by the New Hampshire Department of Revenue Administration is **10%**. Interest is calculated on the balance of tax due from the original due date of the tax to the date the tax is paid. For interest rates in prior years see page 10.

NEED FORMS: Copies of forms, laws and administrative rules may be obtained from our web site at www.revenue.nh.gov or by visiting any New Hampshire Depository Library or the New Hampshire State Library, 20 Park Street, Concord, NH 03301, where copies of forms, laws, and rules can be made for a fee. Forms may be ordered by calling our forms line at (603) 271-2192.

NEED HELP: This booklet contains general information to assist you in complying with your tax obligation. Rules, laws and answers to Frequently Asked Questions (FAQ's) are available 24 hours a day from our web site at www.revenue.nh.gov. If you have any questions please call our Central Taxpayer Services Office at (603) 271-2191.

Individuals who need auxiliary aids for effective communication in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known to the New Hampshire Department of Revenue Administration at (603) 271-2318. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**PAYMENT FORM AND APPLICATION FOR 7 MONTH EXTENSION
OF TIME TO FILE BUSINESS TAX RETURN**

FOR DRA USE ONLY

TO MAKE YOUR PAYMENT ON-LINE ACCESS E-FILE AT
www.revenue.nh.gov

INSTRUCTIONS

AUTOMATIC EXTENSION	If you pay 100% of the Business Enterprise Tax and Business Profits Tax determined to be due, by the due date of the tax you will be granted an automatic 7-month extension to file your New Hampshire returns WITHOUT filing this form. If you meet this requirement, you may file your New Hampshire Business Enterprise Tax and Business Profits Tax return up to 7 months beyond the original due date. Please note that an extension of time to file your returns is not an extension of time to pay the tax.
E-FILE	Make 100% of your tax payment on-line and you will not have to file this form. Access our web site at www.revenue.nh.gov .
WHO MUST FILE	If you need to make an additional payment in order to have paid 100% of the tax determined to be due, you may e-file your payment or you may submit this form with payment or make an electronic payment by the original due date in order to be granted an extension of time to file your return. Do not file if the total due is zero.
WHEN TO FILE	This form must be postmarked on or before the original due date of the return. Electronic payments must be made before midnight of the due date of the return.
WHERE TO FILE	NH DRA (New Hampshire Department of Revenue Administration), 45 Chenell Drive, PO Box 637, Concord, NH 03302-0637.
REASONS FOR DENIAL	Applications for extension will be denied for reasons such as, but not limited to, the application was postmarked after the due date or the payment for 100% of the balance due shown on Line 5 below did not accompany this application or was not received electronically by the due date of the return.
NEED HELP	Call Central Taxpayer Services at (603) 271-2191. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

PLEASE PRINT OR TYPE 100% OF TAX PAYMENT IS DUE ON OR BEFORE THE DUE DATE OF THE TAX	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, FIDUCIARY, NON-PROFIT OR SMLLC NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (Continued)		If required to use DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE		PRINCIPAL BUSINESS ACTIVITY CODE (Federal)

For the CALENDAR year **2007** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

ENTITY TYPE Check one of the following:

☐ ① Proprietorship ☐ ② Corporation/Combined Group ☐ ③ Partnership ☐ ④ Fiduciary ☐ ⑤ Non-Profit Organization

TAX PAYMENT SCHEDULE. DO NOT FILE THIS FORM IF LINE 5 IS ZERO.

1	Enter 100% of the Business Enterprise Tax determined to be due	1		
2	Enter 100% of the Business Profits Tax (net of BET credit) determined to be due	2		
3	Subtotal (Line 1 plus Line 2)	3		
4	LESS: Credit carried over from prior year and Total Advance Payments	4		
5	BALANCE DUE: (If negative or zero, do not file this application)	5		

MAKE CHECK PAYABLE TO: STATE OF NEW HAMPSHIRE. ENCLOSE, BUT DO NOT STAPLE OR TAPE, YOUR PAYMENT TO THIS EXTENSION.

FOR DRA USE ONLY

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

CHANGES

SUMMARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
SUMMARY OF CHANGES & COMMON PROBLEM AREAS**NEW**

For a summary of NH legislative changes affecting tax laws, please refer to TIR 2007-004.

E-FILE

Access e-file at www.revenue.nh.gov to make your Business Profits Tax, Business Enterprise Tax, Meals and Rentals Tax or Interest and Dividends Tax estimates, extensions, returns, and tax notice payments on-line.

BT SUMMARY STEP 2 - QUESTIONS MUST BE ANSWERED

Failure to answer questions in STEP 2 of the BT-Summary may result in inquiries from the Department which **MAY** generate late filing penalties.

BUSINESS ENTERPRISE TAX FILING THRESHOLDS

The filing threshold for the Business Enterprise Tax is **\$150,000** of gross business receipts from **business activity everywhere** or **\$75,000** of the enterprise value tax base.

BUSINESS PROFITS TAX FILING THRESHOLDS

The filing threshold for Business Profits Tax is gross business income in excess of **\$50,000** from business activity **everywhere**.

REPORTING CHANGES MADE BY THE INTERNAL REVENUE SERVICE (IRS)

To report changes made by the Internal Revenue Service (IRS) taxpayers must file the appropriate Report of Change (ROC) Form for each taxable period included in the Revenue Agents Report as finally determined. Forms may be obtained by accessing the forms page of our web site at www.revenue.nh.gov or by contacting the forms line at (603) 271-2192. You may contact the Department at (603) 271-2191 with any questions.

REQUIRED FEDERAL TAX RETURN AND/OR SCHEDULES

Be sure to include all required federal forms with your New Hampshire return, and check the appropriate boxes in STEP 2, Return Type. Corporations may submit the consolidating and supporting schedules **ONLY** using a Compact Disc (CD) in a PDF or PDF compatible format.

SEQUENCING

All state forms which are required to be filed with the return have a sequencing number in the upper right-hand corner. Please place the forms that you are required to file in sequential order when assembling your return.

AVAILABILITY OF FORMS

Copies of the state tax forms may be obtained from our web site at www.revenue.nh.gov or by visiting any of the 22 Depository Libraries located throughout the State or from our forms line at (603) 271-2192. The New Hampshire State Publication Depository Library program, established by RSA 202-B, guarantees that information published by state agencies, including tax forms, laws and rules, are available to all citizens of the state through local libraries. Libraries participating in the Depository program, where copies can be made for a fee, are:

Bedford Public Library, Bedford - 603-472-2300
Dartmouth College, Baker Library, Hanover - 603-646-2704
Fiske Free Library, Claremont - 603-542-7017
Keene State College, W.E. Mason Library, Keene - 603-358-2711
Laconia Public Library, Laconia - 603-524-4775
Littleton Public Library, Littleton - 603-444-5741
Nashua Public Library, Nashua - 603-589-4600
New Hampshire State Library, Concord - 603-271-2397
Peterborough Town Library, Peterborough - 603-924-8040
Portsmouth Public Library, Portsmouth - 603-427-0011
St. Anselm College, Geisel Library, Manchester - 603-641-7306

Concord Public Library, Concord - 603-225-8670
Derry Public Library, Derry - 603-432-6140
Franklin Public Library, Franklin - 603-934-2911
Kelley Library, Salem - 603-898-7064
Law Library, Supreme Court, Concord - 603-271-3777
Manchester City Library, Manchester - 603-624-6550
New England College, Danforth Library, Henniker - 603-428-2344
New Hampshire Technical College, Berlin - 603-752-1113
Plymouth State College, Herbert Lamson Library, Plymouth - 603-535-2258
Southern New Hampshire University - Shapiro Library, Manchester - 603-645-9605
University of New Hampshire, Diamond Library, Durham - 603-862-1535

*** COMMON FILING ERRORS *****BET/BPT-CORP**

Taxpayer fails to sign the return.

Failure to reconcile to Federal income.

Failure to include Schedule R.

Failure to report estimate or extension payments and credit carryover on the return.

Form number sequence not followed for business return.
Attachments not in order.

Failure to complete BT-Summary, Step Two.
Taxpayer must check yes or no for BET and BPT filing requirements.

Failure to include all Federal Schedules. The return is incomplete unless all appropriate schedules are included.

Failure to submit a complete amended return. All amended returns must include all appropriate schedules, Federal and NH.

INTEREST AND DIVIDENDS

Taxpayer fails to sign the return. When filing a joint return, both taxpayers must sign the return on the appropriate lines.

Failure to code income on Line 4. Nontaxable income must be coded on Page 2, Line 4 on Interest & Dividend tax return.

Failure to include page 2. Both pages 1 and 2 of the return must be filed to be considered complete.

Failure to provide correct tax identification numbers. Taxpayers must provide complete and correct tax identification numbers.

Failure to report estimate or extension payments and credit carryover on the return. Taxpayer must report estimate or extension payments and credit carryover payments as previously reported.

BET/BPT-PROP

Taxpayer fails to sign the return.

Both taxpayers, if filing a joint return, must sign the return on the appropriate lines.

Failure to complete BT-Summary, Step Two.
Taxpayer must check yes or no for BET and BPT filing requirements.

Failure to include all Federal Schedules.

Failure to apportion. Apportionment is required when business is conducted both within and without New Hampshire see BET-80 and DP-80.

Failure to reconcile Federal income using Schedule R.
Failure to submit a complete amended return. All amended returns must include all appropriate schedules, Federal and NH.

Failure to report estimate or extension payments and credit carryover on the return.

Taxpayer must report estimate or extension payments and credit carryover payments.

BUSINESS TAX

Gen. Inst.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION

GENERAL INSTRUCTIONS FOR FILING BUSINESS TAXES

WHO MUST FILE A BET RETURN	<p>Every profit or non-profit enterprise or organization engaged in or carrying on any business activity inside New Hampshire which meets the following criteria, during the taxable period, must file a Business Enterprise Tax return:</p> <p>A. If your gross business receipts total was in excess of \$150,000, then you are required to file a BET return, regardless of B below; or</p> <p>B. If your gross business receipts total was \$150,000 or less, use the following worksheet to determine if your enterprise value tax base is greater than \$75,000:</p> <table border="0"> <tr> <td>1. Total dividends paid:</td><td>1. \$ _____</td></tr> <tr> <td>2. Total compensation paid or accrued:</td><td>2. \$ _____</td></tr> <tr> <td>3. Total interest paid or accrued:</td><td>3. \$ _____</td></tr> <tr> <td>4. Sum of Lines 1, 2 and 3:</td><td>4. \$ _____</td></tr> </table> <p>If Line 4 is greater than \$75,000, you are required to file a BET return.</p> <p>C. Section 501(c)(3) of the IRC non-profit organizations are not required to file unless they engage in an unrelated business activity under Section 513 of the IRC.</p>	1. Total dividends paid:	1. \$ _____	2. Total compensation paid or accrued:	2. \$ _____	3. Total interest paid or accrued:	3. \$ _____	4. Sum of Lines 1, 2 and 3:	4. \$ _____
1. Total dividends paid:	1. \$ _____								
2. Total compensation paid or accrued:	2. \$ _____								
3. Total interest paid or accrued:	3. \$ _____								
4. Sum of Lines 1, 2 and 3:	4. \$ _____								
WHO MUST FILE A BPT RETURN	<p>All business organizations, including corporations, fiduciaries, partnerships, proprietorships, combined groups, and homeowners' associations must file a Business Profits Tax return provided they are carrying on business activity inside New Hampshire and their gross business income from everywhere is in excess of \$50,000.</p> <p>"Gross business income" means all income for federal income tax purposes from whatever source derived including but not limited to: total sales, total rents, gross proceeds from the sale of assets, etc., before deducting any costs or expenses. Even if there is no profit, a return must be filed when the gross business income exceeds \$50,000. Combined filers should see NH-1120-WE General Instructions for additional filing requirements to file a combined report.</p> <p>Grantor Trusts: Income from Grantor Trusts (Section 671 of the US Internal Revenue Code) shall be included in the Business Profits Tax return of the owner(s).</p>								
IDENTICAL FILING ENTITY	<p>The return filed for the Business Enterprise Tax MUST reflect the identical business entity reported for Business Profits Tax purposes. There are separate booklets for corporate, combined group, partnership, proprietorship and fiduciary returns. Non-profit organizations and limited liability companies shall file using the form which corresponds to their entity structure. LLC's shall file using the same entity type as they use for their federal tax return. If a separate federal tax return was not required, then use the same entity type as the reporting member used.</p>								
SEPARATE FILING THRESHOLDS	<p>There are different filing criteria for the Business Enterprise Tax and the Business Profits Tax. You must determine whether or not you are required to file for each tax independent of your filing requirement for the other tax. IF YOU ARE REQUIRED TO FILE EITHER TAX, THEN YOU MUST FILE A BUSINESS TAX SUMMARY. THE BUSINESS TAX SUMMARY VERIFIES AND UPDATES BOTH THE BUSINESS ENTERPRISE TAX AND/OR THE BUSINESS PROFITS TAX RETURNS. FAILURE TO FILE A BUSINESS TAX SUMMARY WILL CONSTITUTE AN INCOMPLETE FILING OF THE BUSINESS TAX RETURNS.</p>								
WHEN TO FILE	<p>Calendar Year: If the business organization files its federal return on a calendar year basis, then the BET return and/or the BPT return is/are due and must be postmarked NO LATER than the date indicated on the BPT return.</p> <p>Fiscal Year: If the business organization files its federal return on a fiscal year basis, then the business organization must file the BET return and/or the BPT return based on the same taxable period. The corporate returns are due and must be postmarked NO LATER than the 15th day of the third month following the close of the fiscal period. The proprietorship, partnership and fiduciary returns are due the 15th day of the 4th month following the close of the taxable period.</p> <p>For Non-Profit Organizations: The returns are due and MUST be postmarked NO LATER than the 15th day of the fifth month following the close of the taxable period.</p>								
EXTENSION TO FILE	<p>New Hampshire does not require a taxpayer to file an application for an automatic 7-month extension of time to file provided that the taxpayer has paid 100% of both the Business Enterprise Tax and the Business Profits Tax determined to be due by the due date of the tax.</p> <p>If you need to make an additional payment in order to have paid 100% of the taxes determined to be due, then you may file your payment on-line at www.revenue.nh.gov or file a payment and application for 7 month extension of time to file a business tax return, Form BT-EXT. The payment must be postmarked or received on or before the original due date of the return. Failure to pay 100% of the taxes determined to be due by the original due date may result in the assessment of penalties.</p>								
WHERE TO FILE	<p>MAIL TO: NH DRA (NH DEPT OF REVENUE ADMINISTRATION) PO BOX 637 CONCORD NH 03302-0637</p> <p>FORMS MAY NOT BE FILED BY FAX</p>								
NEED HELP	<p>Call the Central Taxpayer Services Office at (603) 271-2191, Monday through Friday, 8:00 am - 4:30 pm. All written correspondence to the Department should include the taxpayer name, federal employer identification number or social security number, the name of a contact person and a daytime telephone number.</p>								
NEED FORMS	<p>To obtain additional forms or forms not contained in this booklet, you may access our web site at www.revenue.nh.gov or call the forms line at (603) 271-2192. Copies of the state tax forms may also be obtained from any of the 22 Depository Libraries located throughout the State. (See page 1 for a list of Depository Libraries.)</p>								
ADA COMPLIANCE	<p>Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964</p>								

BUSINESS TAX**GENERAL INSTRUCTIONS FOR FILING BUSINESS TAXES**

Gen. Inst.

S-CORP FILERS	New Hampshire treats subchapter "S" corporations as if they were "C" corporations. All S-corporations are required to complete Form DP-120, Computation of "S" Corporation Gross Business Profits. Returns filed without a Form DP-120 will be incomplete and may be returned to the taxpayer. S-corporations who make actual distributions to New Hampshire resident shareholders are required to file Form DP-9, Small Business Corporation (S-Corp) Information Report separately from the return.
SINGLE MEMBER LIMITED LIABILITY COMPANIES	<p>For NH taxation purposes, an SMLLC is recognized as an entity separate from its members. An SMLLC is required to report and file NH taxable activities at the entity level. An SMLLC is required by law to file a NH tax return even though the SMLLC does not file a separate federal tax return.</p> <p>If the SMLLC does not have a federal employer identification number; shares a taxpayer identification number with another entity; or is not required to obtain a federal employer identification number, social security number or an individual taxpayer identification number issued by the Internal Revenue Service. THE SMLLC's MUST USE A DEPARTMENT IDENTIFICATION NUMBER (DIN) WHEN FILING ALL TAX RELATED DOCUMENTS. Form DP-200 shall be used to apply for a New Hampshire Department of Revenue Administration assign identification number.</p> <p>Your DIN shall be used in place of the entity's federal employer identification number. When filing all future documents, the DIN shall be entered wherever federal employer identification numbers or social security numbers are required.</p>
ESTIMATED BPT & BET PAYMENTS	Every entity required to file a Business Profits Tax (BPT) return and/or a Business Enterprise Tax (BET) return must also make quarterly estimated tax payments for each individual tax for its subsequent taxable period, unless the ANNUAL estimated tax for the subsequent taxable period for each tax individually is less than \$200. However, if at the end of any quarter the estimated tax for the year exceeds \$200, an estimated tax payment must be filed. The quarterly estimates are 25% of the estimated tax liability. See the instructions with the Estimated Business Profits Tax Form for exceptions and penalties for noncompliance.
	<p style="text-align: center;">INTERNAL REVENUE CODE (IRC) AND NEW HAMPSHIRE RECONCILIATION</p> <p>The New Hampshire Legislature has not changed the current business tax laws to conform with the federal tax law changes. The Internal Revenue Code (IRC) reference remains the Code in effect on December 31, 2000. Therefore, if changes are used on your federal filing, business taxpayers must recalculate their New Hampshire gross business profits utilizing the applicable NH Schedule R. Schedule R has been provided in this booklet for each business entity type to assist businesses in recalculating their New Hampshire Gross Business Profits. The completed Schedule R must be filed with the corresponding New Hampshire Business Tax return.</p>
REFERENCES TO FEDERAL FORMS	All references to federal tax forms and form lines are based on draft forms available at the time the state forms were printed. If the federal line number and description do not match, follow the line description or contact the Department at (603) 271-2191.
ATTACH FEDERAL SCHEDULES/ FORMS	All Business Profits Tax returns must be accompanied by a complete and legible copy of the federal income tax return or other appropriate federal forms, consolidating schedules and supporting schedules. The corporate return must have the federal Form 1120, pages 1, 2, 3 and 4 and all schedules. Corporations may submit the consolidating and supporting schedules ONLY using a Compact Disc (CD) in a PDF or PDF compatible format. The proprietorship return must have federal schedules C, D, E, F, Form 4797 and Form 6252, if applicable. The partnership return must have the federal Form 1065, pages 1,2,3, and 4 and applicable schedules. The fiduciary return must have the federal Form 1041, pages 1, 2, 3 and 4, and applicable schedules. Failure to attach all federal schedules as required shall be deemed a failure to file a New Hampshire return and may subject the taxpayer to penalties.
CONFIDENTIAL INFORMATION	<p>Disclosure of federal employer identification numbers and social security numbers is mandatory under New Hampshire Department of Revenue Administration rules 203.01, 221.02, 221.03. This information is required for the purpose of administering the tax laws of this state and authorized by 42 U.S.C.S. § 405 (c) (2) (C) (i).</p> <p>Tax information which is disclosed to the New Hampshire Department of Revenue Administration is held in strict confidence by law. The information may be disclosed to the United States Internal Revenue Service, agencies responsible for the administration of taxes in other states in accordance with compacts for the exchange of information, and as otherwise authorized by New Hampshire Revised Statutes Annotated 21-J:14.</p> <p>The failure to provide federal employer identification numbers and social security numbers may result in the rejection of a return or application. The failure to timely file a return or application complete with social security numbers may result in the imposition of civil or criminal penalties, the disallowance of claimed exemptions, exclusions, credits, deductions, or an adjustment that may result in increased tax liability.</p>
AMENDED RETURNS	<p>If you discover an error was made on your BET and/or BPT return(s) after they were filed, amended returns should be promptly filed by completing a corrected Form BT-SUMMARY and the appropriate BET and/or BPT returns. You should check the "AMENDED" block in STEP 2 on the Business Tax Summary. AMENDED RETURNS MUST HAVE ALL APPLICABLE SCHEDULES AND FEDERAL PAGES ATTACHED TO BE DEEMED A COMPLETE AMENDED RETURN. For changes made by the Internal Revenue Service for this year, please see STEP 2 on the Business Tax Summary.</p> <p>If you need to amend prior year BET and/or BPT return(s) and you need forms, you may access our web site at www.revenue.nh.gov or please call the forms line at (603) 271-2192.</p> <p>You may not file an amended return for New Hampshire Net Operating Loss (NOL) carryback provisions.</p>
ROUNDING OFF	Money items on all Business Enterprise Tax and Business Profits Tax forms may be rounded off to the nearest whole dollar.
FILING SEQUENCE	The upper right corner of the NH tax forms indicate the order forms must be placed when filing. Copies of the federal tax return and supporting schedules must follow the NH forms and schedules.

FORM
BT-SUMMARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY

For the CALENDAR year **2007** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

SEQUENCE # 1

STEP 1 Print or Type <input type="checkbox"/> Check box if there has been a name change since last filing	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, FIDUCIARY, NON-PROFIT OR SMLLC NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER (DIN)
	ADDRESS (continued)		If required to use DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE		

STEP 2
Return Type and Federal Information

You must answer the following two questions, or your return will be considered incomplete, and may be subject to penalties.

Are You Required To File A BET Return (Receipts Over \$150,000)? YES ☐ NO ☐ If yes, you must attach a completed return to this BT-Summary.

Are You Required To File A BPT Return (Business Income Over \$50,000)? YES ☐ NO ☐

☐ ② CORPORATION ☐ ③ PARTNERSHIP ☐ ① PROPRIETORSHIP ☐ AMENDED RETURN
☐ ② COMBINED GROUP ☐ ⑤ NON-PROFIT ☐ ④ FIDUCIARY ☐ FINAL RETURN

☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to New Hampshire. Enter years covered by IRS _____

DO NOT USE THIS FORM TO REPORT AN IRS ADJUSTMENT. See Step 2 instructions.

STEP 3
PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY

STEP 4 Figure Your Balance Due or Over-payment	1 (a) Business Enterprise Tax Net of Statutory Credits	1(a)		
	(b) Business Profits Tax Net of Statutory Credits	1 (b)		1
	2 PAYMENTS:			
	(a) Tax paid with application for extension	2 (a)		
	(b) Total of this year's estimated tax payments	2 (b)		
	(c) Credit carryover from prior tax period	2 (c)		
	(d) Paid with original return (Amended returns only)	2 (d)		2
	3 TAX DUE: (Line 1 minus Line 2)			3
	4 ADDITIONS TO TAX:			
	(a) Interest (See instructions)	4(a)		
	(b) Failure to Pay (See instructions)	4(b)		
	(c) Failure to File (See instructions)	4(c)		
	(d) Underpayment of Estimated Tax (See instructions)	4(d)		4
	5 (a) Subtotal of Amount Due (Line 3 plus Line 4)			5(a)
	5 (b) Return Payment Made Electronically	5(b)		
5 BALANCE DUE: Line 5(a) minus 5(b). Make your payment on-line at www.revenue.nh.gov or make check payable to: STATE OF NEW HAMPSHIRE. Enclose, but do not staple or tape, your payment with this return.	PAY THIS AMOUNT →		5	
6 OVERPAYMENT: [Line 1 plus Line 4 minus Lines 2 and 5(b)]	6			
7 Apply overpayment amount on Line 6 to:	DO NOT PAY →		7 (a)	
(a) Credit - Next Year's tax liability				
(b) Refund - Allow 12 weeks for processing			7 (b)	

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.

STEP 5
Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.) If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

FOR DRA USE ONLY

☐ POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.

X

SIGNATURE (IN INK)	DATE	SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER	DATE
PRINT SIGNATORY NAME & TITLE		PRINT PREPARER'S NAME & TAX IDENTIFICATION NUMBER	
X			
SPOUSE'S SIGNATURE (IN INK) (PROPRIETORSHIP ONLY)	DATE	PREPARER'S ADDRESS	
NH DRA MAIL PO BOX 637 TO: CONCORD NH 03302-0637		CITY/TOWN, STATE & ZIP CODE	

BT-SUMMARY
Rev 09/2007

FORM
BT-SUMMARY

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
BUSINESS TAX SUMMARY

For the CALENDAR year **2007** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

SEQUENCE # 1

STEP 1 Print or Type <input type="checkbox"/> Check box if there has been a name change since last filing	PROPRIETORSHIP - LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	PROPRIETORSHIP - SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	CORPORATE, PARTNERSHIP, FIDUCIARY, NON-PROFIT OR SMLLC NAME		FEDERAL EMPLOYER IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER (DIN)
	ADDRESS (continued)		If required to use DIN, DO NOT enter SSN or FEIN
	CITY/TOWN, STATE & ZIP CODE		
			PRINCIPAL BUSINESS ACTIVITY CODE (Federal)

STEP 2
Return Type and Federal Information

You must answer the following two questions, or your return will be considered incomplete, and may be subject to penalties.

Are You Required To File A BET Return (Receipts Over \$150,000)? YES ☐ NO ☐ If yes, you must attach a completed return to this BT-Summary.

Are You Required To File A BPT Return (Business Income Over \$50,000)? YES ☐ NO ☐

☐ ② CORPORATION ☐ ③ PARTNERSHIP ☐ ① PROPRIETORSHIP ☐ AMENDED RETURN
☐ ② COMBINED GROUP ☐ ⑤ NON-PROFIT ☐ ④ FIDUCIARY ☐ FINAL RETURN

☐ Check here if the IRS has made any agreed or partially agreed to adjustments for any federal income tax return which has not been previously reported to New Hampshire. Enter years covered by IRS _____
DO NOT USE THIS FORM TO REPORT AN IRS ADJUSTMENT. See Step 2 instructions.

STEP 3 PLEASE COMPLETE THE BET AND/OR BPT RETURN(S) AND THEN THE BUSINESS TAX SUMMARY

STEP 4 Figure Your Balance Due or Overpayment	1 (a) Business Enterprise Tax Net of Statutory Credits	1(a)		
	(b) Business Profits Tax Net of Statutory Credits	1 (b)		1
	2 PAYMENTS:			
	(a) Tax paid with application for extension	2 (a)		
	(b) Total of this year's estimated tax payments	2 (b)		
	(c) Credit carryover from prior tax period	2 (c)		
	(d) Paid with original return (Amended returns only)	2 (d)		2
	3 TAX DUE: (Line 1 minus Line 2)			3
	4 ADDITIONS TO TAX:			
	(a) Interest (See instructions)	4(a)		
	(b) Failure to Pay (See instructions)	4(b)		
	(c) Failure to File (See instructions)	4(c)		
	(d) Underpayment of Estimated Tax (See instructions)	4(d)		4
	5 (a) Subtotal of Amount Due (Line 3 plus Line 4)			5(a)
	5 (b) Return Payment Made Electronically	5(b)		
5 BALANCE DUE: Line 5(a) minus 5(b). Make your payment on-line at www.revenue.nh.gov or make check payable to: STATE OF NEW HAMPSHIRE. Enclose, but do not staple or tape, your payment with this return.	PAY THIS AMOUNT →		5	
6 OVERPAYMENT: [Line 1 plus Line 4 minus Lines 2 and 5(b)]	6			
7 Apply overpayment amount on Line 6 to: (a) Credit - Next Year's tax liability (b) Refund - Allow 12 weeks for processing	DO NOT PAY →		7 (a) 7 (b)	

THIS RETURN MUST BE ACCOMPANIED BY COMPLETE AND LEGIBLE COPIES OF THE APPROPRIATE FEDERAL FORMS AND SCHEDULES.

STEP 5 Under penalties of perjury, I declare that I have examined this summary and the attached returns, and to the best of my belief they are true, correct and complete. (If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.) If a combined group, I also certify that all affiliated companies are included in the appropriate group described in this return.

FOR DRA USE ONLY

☐ POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed on this return.

X

SIGNATURE (IN INK)	DATE	SIGNATURE (IN INK) OF PAID PREPARER OTHER THAN TAXPAYER	DATE
PRINT SIGNATORY NAME & TITLE		PRINT PREPARER'S NAME & TAX IDENTIFICATION NUMBER	
X			
SPOUSE'S SIGNATURE (IN INK) (PROPRIETORSHIP ONLY)	DATE	PREPARER'S ADDRESS	
NH DRA MAIL PO BOX 637 TO: CONCORD NH 03302-0637		CITY/TOWN, STATE & ZIP CODE	

BT-SUMMARY
Rev 09/2007

BT-SUMMARY

Instructions

BUSINESS TAX SUMMARY

LINE-BY-LINE INSTRUCTIONS

STEP 1 Name, Address, Social Security or Federal Employer Identification Number	<p>At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year.</p> <p>Please PRINT the taxpayer's name, address, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) and principal business activity code in the spaces provided.</p> <p>Enter spouse's name and SSN in the spaces provided for separate proprietorship only. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.</p>																		
STEP 2 Return Type and Federal Information	<p>Check the Yes or No box to indicate if you are required to file a Business Enterprise Tax (BET) Return. Enterprises with more than \$150,000 of gross business receipts from all their activities or an enterprise value tax base of more than \$75,000 are required to file a BET Return with this Business Tax Summary Form. The BET is a 0.75% tax assessed on the enterprise value tax base, after special adjustments and apportionments, the BET is the sum of all compensation paid or accrued, interest paid or accrued, and dividends paid by the business enterprise.</p> <p>Check the Yes or No box to indicate if you are required to file a Business Profits Tax (BPT) Return. Businesses carrying on business activity within NH are subject to BPT unless they have less than \$50,000 of gross receipts from all their activities. The BPT is an 8.5% tax assessed on income from conducting business activity within NH.</p> <p>Check the entity type which corresponds to your organizational structure. In the case of a Single Member LLC, check the organization structure that corresponds to the federal return used to report the income and deductions to the IRS.</p> <p>Check the AMENDED RETURN box if this is the second (or additional) Business Tax Summary that has been filed for any ONE tax period. Check the FINAL RETURN box only when the business organization has ceased to exist or no longer has business activity in New Hampshire.</p> <p>Check the box if the IRS has made adjustments to your federal income tax return that have not been previously reported to New Hampshire. Enter the taxable periods examined by the IRS on the line provided. To report IRS adjustments you must submit the Report of Change (ROC) form under separate cover. These and other forms are available on our web site at www.revenue.nh.gov or call (603) 271-2192.</p>																		
STEP 3	PLEASE COMPLETE THE BET AND/OR BPT RETURNS AND THEN THE BUSINESS TAX SUMMARY.																		
STEP 4 Figure Your Balance Due or Overpayment	<p>Line 1(a) Enter the amount of your Business Enterprise Tax net of statutory credits.</p> <p>Line 1(b) Enter the amount of your Business Profits Tax net of statutory credits.</p> <p>Line 1 Enter the sum of Lines 1(a) and 1(b).</p> <p>Line 2(a) Enter the amount paid with application for extension, Form BT-EXT. Include extension payments made electronically.</p> <p>Line 2(b) Enter estimated payments to be applied to this taxable period. Include estimate payments made electronically.</p> <p>Line 2(c) Enter the prior tax period overpayment that was carried forward to this taxable period.</p> <p>Line 2(d) When filing an AMENDED RETURN, enter the amount of payment remitted with the original Business Tax Summary.</p> <p>Line 2 Enter the total of Lines 2(a) through 2(d).</p> <p>Line 3 Enter the amount of Line 1 minus Line 2. Show a negative amount with parenthesis, e.g., (\$50).</p> <p>Line 4 Additions to tax are calculated on the individual taxes. Please complete the following calculations to determine the amount due, if applicable, for each line.</p> <p>Line 4(a) INTEREST: Interest is calculated on the balance of tax due from the original due date to the date paid at the applicable rate listed below.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> $\text{Number of days} \times \text{Daily rate decimal equivalent} \times \text{Tax Due (Line 3)} = \text{Interest due} \quad \text{Enter on Line 4(a).}$ </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">PERIOD</th> <th style="text-align: left;">RATE</th> <th style="text-align: left;">DAILY RATE DECIMAL EQUIVALENT</th> </tr> </thead> <tbody> <tr> <td>1/1/2008 - 12/31/2008</td> <td>10%</td> <td>.000273</td> </tr> <tr> <td>1/1/2007 - 12/31/2007</td> <td>10%</td> <td>.000274</td> </tr> <tr> <td>1/1/2006 - 12/31/2006</td> <td>8%</td> <td>.000219</td> </tr> <tr> <td>1/1/2005 - 12/31/2005</td> <td>6%</td> <td>.000164</td> </tr> <tr> <td>1/1/2004 - 12/31/2004</td> <td>7%</td> <td>.000191</td> </tr> </tbody> </table> <p>NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28, II. Applicable rates are as follows:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0; text-align: center;"> <p>Contact the Department for applicable rates for any other tax periods.</p> </div> <p>Line 4(b) FAILURE TO PAY: A penalty equal to 10% of any nonpayment or underpayment of taxes shall be imposed if the taxpayer fails to pay the tax when due. If the failure to pay is due to fraud, the penalty shall be 50% of the amount of the nonpayment or underpayment.</p> <p>Line 4(c) FAILURE TO FILE: A taxpayer failing to timely file a complete return may be subject to a penalty equal to 5% of the tax due or \$10, whichever is greater, for each month or part thereof that the return remains unfiled or incomplete. The total amount of this penalty shall not exceed 25% of the balance of tax due or \$50, whichever is greater. Calculate this penalty starting from the original due date of the return until the date a complete return is filed.</p> <p>Line 4(d) UNDERPAYMENT PENALTY: If Line 1(a) or 1(b) is more than \$200 you were required to file estimated Business Profits Tax and/or Business Enterprise Tax payments during the taxable period. To calculate your penalty for nonpayment or underpayment of estimates, or to determine if you qualify for an exception from filing estimates payments, complete and attach Form DP-2210/2220. Use only one Form DP-2210/2220 to calculate the underpayment of estimated taxes for both the Business Enterprise and Business Profits Taxes. Form DP-2210/2220 may be obtained from our web site at www.revenue.nh.gov or by calling (603) 271-2192.</p> <p>Line 4 Enter the total of Lines 4(a) through 4(d).</p> <p>Line 5(a) Enter the total of Line 3 and Line 4 for a subtotal of amount due.</p> <p>Line 5(b) Enter the amount of payments made electronically for this return only. Any extension or estimate payments made electronically should be included on Lines 2(a) and 2(b) respectively.</p> <p>Line 5 Enter the amount of Line 5(a) minus Line 5(b). This is the balance due. Make check or money order payable to: STATE OF NEW HAMPSHIRE. If less than \$1.00, do not pay, but still file the return(s). Please enclose, but do not staple or tape, your payment with the Form BT-SUMMARY and attachments. To ensure the check is credited to the proper account, please put your SSN, FEIN OR DIN on the check.</p> <p>Line 6 If the total tax (Line 1) plus interest and penalties (Line 4) is less than the payments [(Line 2) plus Line 5(b)] then you have overpaid. Enter the amount overpaid.</p> <p>Line 7 The taxpayer has an option of applying any or all of the overpayment as a credit toward next year's tax liability. Enter the desired credit on Line 7(a). The remainder, if any, which will be refunded, should be entered on Line 7(b). If Line 7(a) is not completed, the entire overpayment will be refunded. Please allow 12 weeks for processing your refund.</p>	PERIOD	RATE	DAILY RATE DECIMAL EQUIVALENT	1/1/2008 - 12/31/2008	10%	.000273	1/1/2007 - 12/31/2007	10%	.000274	1/1/2006 - 12/31/2006	8%	.000219	1/1/2005 - 12/31/2005	6%	.000164	1/1/2004 - 12/31/2004	7%	.000191
PERIOD	RATE	DAILY RATE DECIMAL EQUIVALENT																	
1/1/2008 - 12/31/2008	10%	.000273																	
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1/1/2005 - 12/31/2005	6%	.000164																	
1/1/2004 - 12/31/2004	7%	.000191																	
STEP 5 Signature & POA'S	<p>The Form BT-SUMMARY and return(s) must be dated and signed in ink by the taxpayer or authorized agent.</p> <p>If you are filing a joint return, then both you and your spouse or authorized agent must sign and date the return, in ink. If the return was completed by a paid preparer, then the preparer must also sign and date the return in ink. The preparer must also enter their federal employer identification number, social security number, or federal preparer tax identification number (PTIN) and their complete address. By checking the POA box, the taxpayer authorizes the staff of the DRA to discuss this return with the preparer listed on the front of the return. This is a limited POA for this return only. The Department may request a completed Form DP-2848 for discussion of any other tax period or matter.</p>																		

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS ENTERPRISE TAX RETURN

YOU ARE REQUIRED TO FILE THIS RETURN IF THE GROSS BUSINESS RECEIPTS WERE GREATER THAN **\$150,000** OR THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN **\$75,000**.

SEQUENCE # 2

For the CALENDAR year **2007** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY.

STEP 1 Please Print or Type Name	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	SINGLE MEMBER LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER

If your business activities are conducted both inside and outside New Hampshire AND the business enterprise is subject to a business privilege tax, a net income tax, a franchise tax measured by net income of a capital stock or other similar taxes, whether or not it is actually imposed by another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for Lines 1, 2 and 3. If you need Form BET-80 and it is not included in your booklet, it may be obtained from our web site at www.revenue.nh.gov or by calling (603) 271-2192.

STEP 2 Compute the Taxable Enterprise Value Tax Base		COLUMN "A" -YOU-		COLUMN "B" -YOUR SPOUSE-	
	1 Dividends Paid	1		1	
	2 Compensation and Wages Paid or Accrued	2		2	
	3 Interest Paid or Accrued	3		3	
	4 Taxable Enterprise Value Tax Base (Sum of Lines 1, 2 and 3)	4		4	
STEP 3 Figure Your Tax	5(a) Business Enterprise Tax (Line 4 multiplied by .0075)	5(a)		5(a)	
	(b) Enter the sum of Line 5(a), Columns A and B			5(b)	
	6 STATUTORY CREDITS (a) RSA 162-L:10. CDFA-Investment Tax Credit			6(a)	
	(b) RSA 162-N Community Reinvestment and Opportunity Credit Repealed for tax periods ending on or after 7/01/07.			6(b)	
	(c) RSA 162-N Economic Revitalization Zone Tax Credit. Effective for tax periods ending on or after 7/01/07.			6(c)	
	(d) RSA 162-P Research & Development Tax Credit (unused portion, see instructions) Effective for tax periods ending on or after 7/01/07.			6(d)	
	6 Enter the sum of Lines 6(a), 6(b), 6(c), 6(d)			6	
	7 Business Enterprise Tax Net or Statutory Credit (Line 5(b) minus Line 6. IF NEGATIVE, ENTER ZERO.) ENTER THIS AMOUNT ON LINE 1(a) OF THE BT-SUMMARY.			7	

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS ENTERPRISE TAX RETURN

YOU ARE REQUIRED TO FILE THIS RETURN IF THE GROSS BUSINESS RECEIPTS WERE GREATER THAN **\$150,000** OR THE ENTERPRISE VALUE TAX BASE WAS GREATER THAN **\$75,000**.

SEQUENCE # 2

For the CALENDAR year **2007** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY.

STEP 1 Please Print or Type Name	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	SINGLE MEMBER LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER

If your business activities are conducted both inside and outside New Hampshire AND the business enterprise is subject to a business privilege tax, a net income tax, a franchise tax measured by net income of a capital stock or other similar taxes, whether or not it is actually imposed by another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, then the business enterprise must apportion its enterprise value tax base. Complete Form BET-80 to determine the values for Lines 1, 2 and 3. If you need Form BET-80 and it is not included in your booklet, it may be obtained from our web site at www.revenue.nh.gov or by calling (603) 271-2192.

STEP 2 Compute the Taxable Enterprise Value Tax Base		COLUMN "A" -YOU-		COLUMN "B" -YOUR SPOUSE-	
	1 Dividends Paid	1		1	
	2 Compensation and Wages Paid or Accrued	2		2	
	3 Interest Paid or Accrued	3		3	
	4 Taxable Enterprise Value Tax Base (Sum of Lines 1, 2 and 3)	4		4	
STEP 3 Figure Your Tax	5(a) Business Enterprise Tax (Line 4 multiplied by .0075)	5(a)		5(a)	
	(b) Enter the sum of Line 5(a), Columns A and B			5(b)	
	6 STATUTORY CREDITS (a) RSA 162-L:10. CDFA-Investment Tax Credit			6(a)	
	(b) RSA 162-N Community Reinvestment and Opportunity Credit Repealed for tax periods ending on or after 7/01/07.			6(b)	
	(c) RSA 162-N Economic Revitalization Zone Tax Credit. Effective for tax periods ending on or after 7/01/07.			6(c)	
	(d) RSA 162-P Research & Development Tax Credit (unused portion, see instructions) Effective for tax periods ending on or after 7/01/07.			6(d)	
	6 Enter the sum of Lines 6(a), 6(b), 6(c), 6(d)			6	
	7 Business Enterprise Tax Net or Statutory Credit (Line 5(b) minus Line 6. IF NEGATIVE, ENTER ZERO.) ENTER THIS AMOUNT ON LINE 1(a) OF THE BT-SUMMARY.			7	

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS ENTERPRISE TAX RETURN
 LINE-BY-LINE INSTRUCTIONS

BET-PROP

Instructions

STEP 1 Name and Identification Number	At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year. Please PRINT the taxpayer's name, address, federal identification number, social security number, or department identification number in the spaces provided. Enter spouse's name and social security number in the spaces provided for separate proprietorship only. Social security numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever social security numbers or federal employer identification numbers are required, taxpayers who have been issued a DIN, shall use their DIN only, and not their SSN or FEIN.		
BET-80 Apportionment	<p>If your business enterprise activity or your spouse's business enterprise activity is conducted both inside and outside New Hampshire and is subject to a tax in another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not actually imposed by that state, complete Form BET-80, BUSINESS ENTERPRISE TAX APPORTIONMENT, to determine the values for Lines 1, 2 and 3 of the Form BET-PROP.</p> <p>If both you and your spouse conduct separate business activities both inside and outside New Hampshire, then each must complete a separate Form BET-80 (which may be obtained by accessing our web site at www.revenue.nh.gov or by calling (603) 271-2192). After completing Form BET-80, enter the amount from Line 17 on Line 1 of your Form BET-PROP. Enter the amount from Line 24 on Line 2 of your Form BET-PROP. Enter the amount from Line 29 on Line 3 of your Form BET-PROP. Proceed to Line 4.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <p>If business activity was both inside and outside NH.</p> <p>Line 1 Enter the total amount from the BET-80, Line 17.</p> <p>Line 2 Enter the total amount from the BET-80, Line 24.</p> <p>Line 3 Enter the total amount from the BET-80, Line 29.</p> <p>Line 4 Enter the sum of Lines 1, 2 and 3.</p> </td><td style="width: 50%; border: none;"> <p>If business activity was 100% inside New Hampshire.</p> <p>Line 1 Enter the total dividends paid.</p> <p>Line 2 Enter the total compensation on wages paid or accrued.</p> <p>Line 3 Enter the total interest paid or accrued.</p> <p>Line 4 Enter the sum of Lines 1, 2 and 3.</p> </td></tr> </table> <p style="text-align: center;">See BET instructions and Quick Checklist.</p>	<p>If business activity was both inside and outside NH.</p> <p>Line 1 Enter the total amount from the BET-80, Line 17.</p> <p>Line 2 Enter the total amount from the BET-80, Line 24.</p> <p>Line 3 Enter the total amount from the BET-80, Line 29.</p> <p>Line 4 Enter the sum of Lines 1, 2 and 3.</p>	<p>If business activity was 100% inside New Hampshire.</p> <p>Line 1 Enter the total dividends paid.</p> <p>Line 2 Enter the total compensation on wages paid or accrued.</p> <p>Line 3 Enter the total interest paid or accrued.</p> <p>Line 4 Enter the sum of Lines 1, 2 and 3.</p>
<p>If business activity was both inside and outside NH.</p> <p>Line 1 Enter the total amount from the BET-80, Line 17.</p> <p>Line 2 Enter the total amount from the BET-80, Line 24.</p> <p>Line 3 Enter the total amount from the BET-80, Line 29.</p> <p>Line 4 Enter the sum of Lines 1, 2 and 3.</p>	<p>If business activity was 100% inside New Hampshire.</p> <p>Line 1 Enter the total dividends paid.</p> <p>Line 2 Enter the total compensation on wages paid or accrued.</p> <p>Line 3 Enter the total interest paid or accrued.</p> <p>Line 4 Enter the sum of Lines 1, 2 and 3.</p>		
STEP 2 Compute the Taxable Enterprise Value Tax Base	<p>Line 1 DIVIDENDS PAID Enter the amount of dividends paid by you and your spouse under the appropriate column. "Dividends" means any distribution of money or property, other than the distribution of newly issued stock to owners of the same business enterprise, to the owners of a business with respect to their ownership interest in such enterprise from accumulated revenues and profits of the enterprise. Per RSA 77-E:1, VI, the term "Dividends" does NOT include the following:</p> <ul style="list-style-type: none"> • Distributions of money or property to beneficiaries of a trust qualified under Section 401 of the IRC; • Cash or non-cash payments of life, sickness, accident, or other benefits to members of their dependents or designated beneficiaries from a voluntary employees' beneficiary association qualified under Section 501(c) (9) of the IRC; • Distributions of money or property to participants from any common trust fund as defined under Section 584 of the IRC; • Policyholder dividends as defined under Section 808 of the IRC, to the extent such dividends are not reduced pursuant to Section 809 of the IRC; • Payment of interest on deposits of depositors of a mutual bank or credit union; or • Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under Section 641 or described in Section 664 of the IRC, provided that, this shall apply only to the extent that such trust limits its activities to personal investment activities which do not constitute business activities, and those incidental to or in support of such personal investment activities. <p>Line 2 COMPENSATION AND WAGES PAID OR ACCRUED Enter the amount of compensation paid or accrued (including deferred compensation) by you or your spouse under the appropriate column. Include all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period. This includes compensation on behalf of or for the benefit of employees of the business enterprise and subject to or specifically exempt from withholding under Section 3401 of the IRC.</p> <p>The compensation amount entered on Line 2 should include the amount of any compensation deduction taken under the Business Profits Tax pursuant to RSA 77-A:4,III, in the taxable period. It should also include any net earnings from self-employment subject to tax under Section 1401 of the IRC to the extent it was not included in the amount of any deduction taken under the Business Profits Tax pursuant to RSA 77-A:4, III, in the taxable period. If the proprietor is a partner in a partnership, the net earnings from self-employment does not include the partner's distributive share of the partnership earnings.</p> <p>Payments made expressly exempt from withholding under Section 3401(a) (1), (9), (10), (13), (14), (15), (16), (18), (19) and (20) of the IRC should not be included in Line 2.</p> <p>Line 3 INTEREST PAID OR ACCRUED Enter the amount of interest paid or accrued by you or your spouse under the appropriate column. Per RSA 77-E:1, XI, "Interest" means: All amounts paid or accrued for the use or forbearance of money or property. The term "interest" shall not include amounts paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders or by voluntary employees' beneficiary associations qualified under Section 501(c)(9) of the IRC to fulfill obligations to members.</p> <p>Line 4 TAXABLE ENTERPRISE VALUE TAX BASE Enter the sum of Lines 1, 2 and 3, separately for Columns A and B.</p>		
STEP 3 Figure Your Tax	<p>Line 5(a) NEW HAMPSHIRE BUSINESS ENTERPRISE TAX Multiply Line 4 by .0075, separately for Columns A and B.</p> <p>Line 5(b) Enter the sum of Line 5(a), Columns A and B.</p> <p>Line 6: STATUTORY CREDITS CDFA Credit (Investment Tax Credit RSA 162-L:10 & RSA 77-A:5,XI). Enter the amount of any CDFA Investment Tax Credit claimed pursuant to RSA 162-L:10. The amount of the credit shall not exceed the lesser of the total Business Enterprise Tax liability or \$200,000 for tax periods ending prior to July 1, 1999 or \$1,000,000 for tax periods ending after June 30, 1999. If you also claim this credit on your BPT or other tax forms(s) the combined total shall not exceed \$200,000 for tax periods ending prior to July 1, 1999 or \$1,000,000 for tax periods ending after June 30, 1999.</p> <p>The Economic Revitalization Zone (ERZ) Tax Credit enter the amount of any ERZ Credit as authorized by the New Hampshire Department of Resources and Economic Development (DRED) pursuant to RSA 162-N.</p> <p>Research & Development Tax Credit enter the unused amount of BPT credit awarded by the Department with taxpayer's application (Form DP-165) pursuant to RSA 162-P.</p> <p>Enter the sum of 6(a) through 6(d) on Line 6.</p> <p>Line 7: NEW HAMPSHIRE BUSINESS ENTERPRISE TAX BALANCE DUE. Enter the amount of Line 5 minus Line 6. IF NEGATIVE, ENTER ZERO. ENTER THE AMOUNT FROM LINE 7 ON LINE 1(a) OF THE BT-SUMMARY.</p>		

- DIVIDENDS -

“Dividends” means any distribution of money or property, other than the distribution of newly issued stock, to owners of the business enterprise with respect to their ownership interest in such enterprise from the accumulated revenues and profits of the enterprise.

Dividends Subject to Tax

- All property transferred from the accumulated profits of a business enterprise to an owner with respect to the owner’s ownership interest.
- All personal expenditures made by a business enterprise on behalf of an owner which have not been properly reported as compensation or loans for federal income tax purposes.
- Forgiveness of an owner’s indebtedness to the business enterprise, unless reported as compensation or interest to the individual and included in those elements of the Enterprise Value Tax Base.
- Automatic re-investment of property distributed from accumulated profits into additional stock.

Non-taxable Dividends

- Amounts deducted under RSA 77-A:4, III for personal services of the proprietor or partner. (also see the compensation section).
- Distribution in liquidation or in complete redemption of an owner’s interest.
- Any deemed dividend election that may be made by members of an affiliated group.
- Cash or non-cash payments of life, sickness, accident, or other benefits to members or their dependents or designated beneficiaries from VEBA’S (Voluntary Employees’ Beneficiary Association) qualified under Section 501(c)(9) of the IRC.
- Distributions of money or property to participants from any common trust fund as defined under Section 584 of the IRC.
- Life insurance dividends.
- Payments of interest on deposits of depositors of a mutual bank or credit union.
- Distributions of money or property to or on behalf of beneficiaries of a trust which is either subject to taxation under Section 641 or 664 of the IRC.
- Patronage dividends.
- Distributions of money or property to beneficiaries of a trust qualified under Section 401 of the IRC.
- Policy holder dividends as defined under Section 808 of the IRC, to extent such dividends are not reduced pursuant to Section 809 of the IRC.

- COMPENSATION -

“Compensation” means all wages, salaries, fees, bonuses, commissions or other payments paid or accrued in the taxable period on behalf of employees, officers or directors of the business enterprise and subject to, or specifically exempt from, withholding under IRC 3401.

Compensation Subject to Tax

- Wages subject to federal income tax withholding.
- Contributions on behalf of employees to qualified pension, profit-sharing and stock bonus plans.
- Contributions on behalf of employees to annuity or deferred-payment plans.
- Fringe benefits provided to and included in gross income of employees for federal income tax purposes.
- Imputed interest on a below market compensation related loan between employer and employee.
- The “Compensation for Personal Services” deduction taken on the New Hampshire BPT return by a proprietorship, partnership, or limited liability company pursuant to RSA 77-A:4, III.
- The remainder, if any, of the guaranteed payments to partners reduced by the New Hampshire BPT Compensation for Personal Services deduction.
- Other payments, including the payment of debts, expenses or other liabilities pursuant to Rev 2401.14.

Non-taxable Compensation

- Payment for independent contractors where no employer/employee relationship exists pursuant to Rev 2401.11.
- Payments in the form of or for the following services:
 - Members of the armed forces
 - Ministers
 - Paper boys and girls under the age of 18
 - Volunteers of Peace Corps
 - Group term life insurance on the life of an employee
 - Moving expenses
 - Non-cash or cash tips to an employee if not deductible by the employer
 - Educational assistance
 - Scholarships
 - Medical reimbursements.
- Health Insurance.
- Taxpayer’s distributive share of net earnings from a trade or business conducted by another business enterprise.
- Self-employment income retained for use in enterprise but not deducted under RSA 77-A:4, III.

- INTEREST -

“Interest” means all amounts paid or accrued for the use or forbearance of money or property.

Interest Subject to Tax

- Interest paid or accrued not reduced by interest income or other fee income and without regard to any federal deductibility limitation or federal capitalization requirements.
- Property transferred by a business enterprise not classified as interest, but the substance of the transaction indicates that the payment was made in lieu of interest.

Non-taxable Interest

- Amount paid, credited or set aside in connection with reserves by insurers to fulfill policy and contractual responsibilities to policy holders.
- Amount paid by VEBA’s (Voluntary Employees’ Benefit Associations) qualified under Section 501(c)(9) of the IRC to fulfill obligations to members.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX RETURNFor the CALENDAR year **2007** or other taxable period beginning _____ Mo Day Year and ending _____ Mo Day YearSEQUENCE # **4A**Due date for CALENDAR year is on or before **April 15, 2008** or the 15th day of the 4th month after the close of the taxable period.**YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.**

STEP 1	PROPRIETOR LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
Print or Type	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	SINGLE MEMBER LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER

STEP 2	Husband and wife may NOT combine net results of separately held business organizations.					
Figure Your Tax	IRC RECONCILIATION				COLUMN A Proprietor Income	COLUMN B Spouse's Income
	1	NET PROFIT (LOSS) FROM BUSINESS (From Federal Schedule C).....		1		
2	RENTAL INCOME (LOSS)					
	(a) Income (Loss) From Rental Activity (From Federal Schedule E).....		2(a)			
	(b) Net Farm Rental Profit (Loss) (Federal Form 4835, Line 32).....		2(b)			
	(c) TOTAL.....		2(c)			
3	NET FARM PROFIT (LOSS) (From Federal Schedule F).....		3			
4	NET GAIN (LOSS) FROM SALE OF ASSETS HELD FOR USE IN BUSINESS, FARMING AND/OR RENTAL PURPOSES (Federal Form 4797 or Schedule D) (See instructions) Attach schedule if additional space is needed.					
	(1) Description of Property	(2) Gain or Loss	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To Proprietor	(6) Total Attributed To Spouse
	(a)					
	(b)					
	(c) TOTAL			4(c)		
5	INSTALLMENT GAIN (LOSS) (Federal Form 6252) (See instructions) Attach schedule if additional space is needed.					
	(1) Date of Original Sale Mo Day Year	(2) Gain or Loss	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To Proprietor	(6) Total Attributed To Spouse
	(a)					
	(b)					
	(c) TOTAL			5(c)		
6	Gross Business Profits [Combine Lines 1, 2(c), 3, 4(c), and 5(c)]					
7	Compensation for Personal Services (See worksheet and instructions)					
8	Subtotal (Combine Line 6 and Line 7. If negative, show in parenthesis)					
9	New Hampshire Net Operating Loss Deduction (Attach Form DP-132)					
10	Other Additions and Deductions per RSA 77-A:4 (If negative, show in parenthesis.) ..					
11	Adjusted Gross Business Profits					
12	New Hampshire Apportionment (Form DP-80, Line 5. Express as a decimal to 6 places.) ..					
13	New Hampshire Taxable Business Profits (Line 11 x Line 12. If negative, enter zero.) ..					
14	New Hampshire Business Profits Tax (Line 13 x 8.5%)					
STEP 3	15 Credits: allowed under RSA 77-A:5 as shown on Form DP-160					
	16 Subtotal (Line 14 minus Line 15)					
	17 Business Enterprise Tax Credit (See instructions)					
	18 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 16 or Line 17. See instructions)					
	19 (a) New Hampshire Business Profits Tax Net of Statutory Credits (Line 16 minus Line 18) . 19(a)					
	(b) New Hampshire Business Profits Tax Net of Statutory Credits (Sum of Line 19(a), Columns A and B.)				19(b)	

ENTER THE AMOUNT FROM LINE 19(b) ON LINE 1(b) OF THE BT-SUMMARY.

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX RETURNFor the CALENDAR year **2007** or other taxable period beginning _____ Mo Day Year and ending _____ Mo Day YearSEQUENCE # **4A**Due date for CALENDAR year is on or before **April 15, 2008** or the 15th day of the 4th month after the close of the taxable period.**YOU ARE REQUIRED TO FILE THIS FORM IF GROSS BUSINESS INCOME WAS GREATER THAN \$50,000.**

STEP 1	PROPRIETOR LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
Print or Type	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	SINGLE MEMBER LIMITED LIABILITY COMPANY	DEPARTMENT IDENTIFICATION NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER

STEP 2	Husband and wife may NOT combine net results of separately held business organizations.					
Figure Your Tax	IRC RECONCILIATION				COLUMN A Proprietor Income	COLUMN B Spouse's Income
	1	NET PROFIT (LOSS) FROM BUSINESS (From Federal Schedule C).....		1		
2	RENTAL INCOME (LOSS)					
	(a) Income (Loss) From Rental Activity (From Federal Schedule E).....		2(a)			
	(b) Net Farm Rental Profit (Loss) (Federal Form 4835, Line 32).....		2(b)			
	(c) TOTAL.....		2(c)			
3	NET FARM PROFIT (LOSS) (From Federal Schedule F).....		3			
4	NET GAIN (LOSS) FROM SALE OF ASSETS HELD FOR USE IN BUSINESS, FARMING AND/OR RENTAL PURPOSES (Federal Form 4797 or Schedule D) (See instructions) Attach schedule if additional space is needed.					
	(1) Description of Property	(2) Gain or Loss	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To Proprietor	(6) Total Attributed To Spouse
	(a)					
	(b)					
	(c) TOTAL					
5	INSTALLMENT GAIN (LOSS) (Federal Form 6252) (See instructions) Attach schedule if additional space is needed.					
	(1) Date of Original Sale Mo Day Year	(2) Gain or Loss	(3) Accumulated Passive Loss	(4) Total Column 2 + 3	(5) Total Attributed To Proprietor	(6) Total Attributed To Spouse
	(a)					
	(b)					
	(c) TOTAL					
6	Gross Business Profits [Combine Lines 1, 2(c), 3, 4(c), and 5(c)]					
7	Compensation for Personal Services (See worksheet and instructions)					
8	Subtotal (Combine Line 6 and Line 7. If negative, show in parenthesis)					
9	New Hampshire Net Operating Loss Deduction (Attach Form DP-132)					
10	Other Additions and Deductions per RSA 77-A:4 (If negative, show in parenthesis.) ..					
11	Adjusted Gross Business Profits					
12	New Hampshire Apportionment (Form DP-80, Line 5. Express as a decimal to 6 places.) ..					
13	New Hampshire Taxable Business Profits (Line 11 x Line 12. If negative, enter zero.) ..					
14	New Hampshire Business Profits Tax (Line 13 x 8.5%)					
STEP 3	15 Credits: allowed under RSA 77-A:5 as shown on Form DP-160					
	16 Subtotal (Line 14 minus Line 15)					
	17 Business Enterprise Tax Credit (See instructions)					
Figure Your Credits	18 Business Enterprise Tax Credit to be applied against Business Profits Tax (Enter the lesser of Line 16 or Line 17. See instructions)					
	19 (a) New Hampshire Business Profits Tax Net of Statutory Credits (Line 16 minus Line 18) . 19(a)					
	(b) New Hampshire Business Profits Tax Net of Statutory Credits (Sum of Line 19(a), Columns A and B.)				19(b)	

ENTER THE AMOUNT FROM LINE 19(b) ON LINE 1(b) OF THE BT-SUMMARY.

THIS RETURN MUST BE FILED WITH THE BT-SUMMARY AND ALL APPLICABLE FEDERAL SCHEDULES.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX RETURN
LINE-BY-LINE INSTRUCTIONS

STEP 1 Name and Social Security Number	<p>At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year.</p> <p>Please PRINT the taxpayer's name, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) in the spaces provided.</p> <p>Enter spouse's name and SSN in the spaces provided for separate proprietorship only. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.</p>
NOTE	<p>Husband and wife may NOT combine net results of separately held business organizations. All applicable federal forms, schedules C, D, E, F, 4797, or 6252, as applicable, must be attached.</p>
STEP 2 Figure Your Tax	<p>Line 1 IRC RECONCILIATION Check the box and complete the appropriate Schedule R for each separate activity to reconcile federal taxable income to NH taxable income based on the IRC in effect on December 31, 2000.</p> <p>PROFIT (LOSS) FROM BUSINESS Enter the total net profit (loss) of all separately owned Schedule C business activities in the respective column. Please be sure to enter the net profit (loss) from all of your separate business activities in your column and all of the net income (loss) from your spouse's separate business activities in the spouse's column. SPOUSES JOINTLY OWNING AND OPERATING A SCHEDULE C BUSINESS ACTIVITY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL PROFIT (LOSS) UNDER ONE COLUMN. If a loss, show dollar amounts in parenthesis, e.g. (\$50). If any of the Schedule C activity is conducted outside New Hampshire, you must report on Line 1 the TOTAL net profit (loss) from all Schedule C activity. You are also required to complete and file Form DP-80, Apportionment of Income. See Line 12 for further instructions on apportionment.</p> <p>Line 2 RENTAL INCOME (LOSS) Enter the total amount of rental income (loss) attributable to you and/or your spouse under the appropriate column. SPOUSES JOINTLY OWNING OR SELLING RENTAL PROPERTY WILL BE PRESUMED TO BE A SINGLE PROPRIETORSHIP AND SHOULD REPORT THE TOTAL RENTAL INCOME (LOSS) UNDER ONE COLUMN. If the rental income (loss) is derived from joint ownership and the other owner is not reporting on this form, attach a schedule showing the joint owner's name(s), social security number(s) and respective share of net income (loss). If rental property is owned both inside and outside New Hampshire, you must report on Line 2 the TOTAL net income (loss) from all rental property activity. You are also required to complete and file Form DP-80, Apportionment of Income. See Line 12 for further instructions on apportionment.</p> <p>LINE 2(a) Enter the total of Federal Form 1040, Schedule E, Line 22, columns A + B + C. Include only the Line 22 amounts attributable to rental activity.</p> <p>LINE 2(b) Enter the amount shown on Federal Form 4835, Net Farm Rental Profit (Loss), Line 32. If a loss, show dollar amount in parenthesis, e.g. (\$50).</p> <p>LINE 2(c) Enter the sum of Lines 2(a) and 2(b) on Line 2(c) separately for Column A and Column B.</p> <p>Line 3 FARM PROFIT (LOSS) Enter the total amount of your net farm profit (loss) from Federal Form 1040, Schedule F, Line 36.</p> <p>Line 4 NET GAIN (LOSS) ON SALE OF ASSETS FROM A BUSINESS, FARMING AND/OR RENTAL ACTIVITIES.</p> <p>Line 4(a) and 4(b) If you need additional space, please attach a schedule.</p> <p>Column 1: Enter the description of property held or used for business as shown on Federal Form 1040, Schedule D or Form 4797, e.g. land, building, vehicle, etc.</p> <p>Column 2: Enter the amount shown on Schedule D or Form 4797 as a gain (loss). If a loss, show dollar amount in parenthesis, e.g. (\$50).</p> <p>Column 3: Enter any amount which is attributable to an accumulated passive loss used to calculate the gain (loss) reported in Column 2.</p> <p>Column 4: Enter the total of Column 2 plus Column 3.</p> <p>Column 5: Enter the amount shown in Column 4 which is attributable to you.</p> <p>Column 6: Enter the amount shown in Column 4 which is attributable to your spouse.</p> <p>Line 4(c) Enter the total of Lines 4(a) and 4(b) on Line 4(c) separately for Column A and Column B.</p> <p>Line 5 INSTALLMENT GAIN (LOSS) Taxpayers who are reporting the sale of business assets on the installment basis for federal tax purposes must also use the installment method on Form NH-1040. Under certain conditions, an election can be made by using Form DP-95 to report the entire gain in the year of sale. Form DP-95 may be obtained by calling (603) 271-2192 or from our web site at www.revenue.nh.gov. Taxpayers who have sold business or rental property on the installment basis will be considered a business organization until all the installments have been reported and the total tax paid. You MUST file a return every year, regardless of the amount of installments, if the actual sales price exceeded \$50,000 for taxable periods ending July 1, 1993, to the present.</p> <p>Line 5(a) and 5(b) If you need additional space, please attach a schedule.</p> <p>Column 1 Enter the original date of the sale.</p> <p>Column 2 Enter the taxable amount of gain or loss from Federal Form 6252 for this tax year. If a loss, show dollar amount in parenthesis, e.g. (\$50).</p> <p>Column 3 Enter any amount which is attributable to an accumulated passive loss used to calculate the gain (loss) reported in Column 2.</p> <p>Column 4 Enter the total of Column 2 plus Column 3.</p> <p>Column 5 Enter the amount shown in Column 4 which is attributable to you.</p> <p>Column 6 Enter the amount shown in Column 4 which is attributable to your spouse.</p> <p>Line 5(c) Enter the total of Lines 5(a) and 5(b) on Line 5(c).</p>

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX RETURN
 LINE-BY-LINE INSTRUCTIONS (continued)

STEP 2 Figure Your Tax (continued)	Line 6	Combine Lines 1, 2(c), 3, 4(c) and 5(c) separately for Column A and Column B.
	Line 7	COMPENSATION FOR PERSONAL SERVICES (SEE COMPENSATION WORKSHEET) Enter on Line 7 the value of the services performed by the proprietor during the taxable period. Enter the proprietor's compensation in Column A and enter your spouse's compensation in Column B. Compensation is only allowed for the proprietor who actually renders personal services to the business organization. The MINIMUM statutory deduction of \$6,000 is allowed for actual services rendered during the current taxable period. RSA 77-A:4 limits the MAXIMUM compensation deduction to the sum of the following amounts included in your federal income tax schedules after you consider the amount of income attributable to the return on Business Assets and return on non-owner employees wages: Prop-Comp worksheet should be used to make this calculation. (1) Net profit (loss) from Federal Form 1040, Schedule C; (2) Income (loss) from rental properties from Federal Form 1040, Schedule E; (3) Net farm profit (loss) from Federal Form 1040, Schedule F; (4) Not to exceed 15% of the sales price as shown on Federal Form 4797 or 6252 for the sale of business assets provided you acted as the broker or agent and no other broker or agent was involved in the sale of the property. (5) In instances where the proprietor acts as a co-broker, the maximum deduction shall be the difference between the amount to be determined in (4) above and the amounts paid to other brokers or agents. A business organization may utilize comparative compensation data from business organizations of similar size, volume and complexity from industry statistics or from publications such as the most current editions of the Occupational Outlook Handbook published by the US Department of Labor Statistics and available at www.bls.gov and the New Hampshire Wages and Benefits published by the New Hampshire Department of Employment Security and available at www.nhes.state.nh.us , as a reference point. You must maintain adequate records to substantiate the activities performed by you and the methods used to determine the rate of compensation for such activities.
	Line 8	SUBTOTAL Combine Line 6 and Line 7 separately for Column A and Column B. If a loss, show dollar amount in parenthesis, e.g. (\$50). If either column is negative, this amount represents the net operating loss (NOL) for you or your spouse available for future deduction. This amount may be subject to carryback and apportionment provisions.
	Line 9	NEW HAMPSHIRE NET OPERATING LOSS DEDUCTION Enter the amount of carryforward loss available as shown on Line 11 of Form DP-132. A separate Form DP-132 must be filed for you and your spouse. Form DP-132 must be attached to the return.
	Line 10	OTHER ADDITIONS AND DEDUCTIONS Enter in Column A the net total of all your other additions and deductions allowed or required under RSA 77-A:4. Enter the net total of your spouse's additions and deductions in Column B. Show negative amounts in parenthesis, e.g. (\$50).
	Line 11	ADJUSTED GROSS BUSINESS PROFITS Combine Line 8 and Line 9 adjusted by Line 10. If negative, show in parenthesis e.g. (\$50).
	Line 12	NEW HAMPSHIRE APPORTIONMENT Proprietorships which have business activity, including rental activity, both inside and outside this state AND which are subject to income taxes (or a franchise tax measured by net income) in another state, or is subject to the jurisdiction of another state to impose a net income tax or capital stock tax upon it, whether or not actually imposed by the other state, must apportion its gross business profits to New Hampshire by using Form DP-80, Apportionment of Income. If you and your spouse each conduct separate business activities both inside and outside New Hampshire, each must complete a separate Form DP-80. Be sure to identify your form by using your social security number and your spouse's form by using your spouse's social security number. Form DP-80 may be obtained from the web site at www.revenue.nh.gov or by calling (603) 271-2192. After completing Form DP-80, enter the apportionment percentage on Line 12 of your Form NH-1040. Show to six decimal places. All others enter 1.00 on Line 12.
	Line 13	Enter the product of Line 11 multiplied by Line 12. If negative, enter zero.
	Line 14	Enter the product of Line 13 multiplied by 8.5%.
STEP 3 Figure Your Credits	Line 15	CREDITS: Enter the amount of credits allowed under RSA 77-A:5. Form DP-160, Schedule of Business Profits Tax Credits, must be filed with the return to support all credits claimed on Line 15. If both you and your spouse are claiming credits on Line 15, then you must file two separate DP-160 Forms. Be sure to identify your form by using your social security number and your spouse's form by using your spouse's social security number. Form DP-160 may be obtained from our web site at www.revenue.nh.gov or by calling (603) 271-2192. DO NOT INCLUDE THE BET CREDIT ON THIS LINE.
	Line 16	Enter the amount of Line 14 minus Line 15.
	Line 17	BUSINESS ENTERPRISE TAX CREDIT Business Enterprise Tax paid shall be applied as a credit against Business Profits Tax. Any unused portion of the credit may be carried forward and allowed against Business Profits Tax due for up to 5 taxable periods from the period in which the Business Enterprise Tax was paid. To calculate the BET credit to be applied against this year's BPT, complete the BET Credit worksheet for both you and your spouse. The proprietor and spouse proprietor must calculate their BET Credits separately and should complete two separate BET Credit Worksheets.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX RETURN
LINE-BY-LINE INSTRUCTIONS (continued)

	Taxable period ended	Taxable period ended	Taxable period ended	Taxable period ended	Taxable period ended
A BET Credit Carryforward Amount <small>*See note below</small>	<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
B Current Period BET Liability From BET-Prop, Line 5(a), Column A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C Expiring BET Credit Carryforward <small>**See note below</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D BET Credit available (Sum of Lines A, B and C) Enter on Line 17, Column A of NH-1040	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Current Period BPT liability From NH-1040, Line 16, Column A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F BET Credit Deduction this period (the lesser of Line D or Line E) Enter on Line 18, Column A of NH-1040	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G Credit Carryforward Amount (Line D minus Line F) IF NEGATIVE, ENTER ZERO. Carry this amount forward and indicate on Line A in subsequent period.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: The Line A amount in the first column is from Line G, the credit carryforward amount, of the previous year's BET CREDIT WORKSHEET. If this is your initial year of the BET, enter zero.

** Note: The BET credit may be carried forward and allowed against BPT taxes due for 5 (five) taxable periods from the period in which the tax was paid. Any unused credit prior to the 5 most current tax periods expiring in this taxable period is unavailable and should be included in Line C.

	Taxable period ended	Taxable period ended	Taxable period ended	Taxable period ended	Taxable period ended
A BET Credit Carryforward Amount <small>**See note below</small>	<input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>	→ <input type="text"/>
B Current Period BET liability from BET-Prop, Line 5(a), Column B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C Expiring BET Credit Carryforward <small>**See note below</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D BET Credit Available (Sum of Lines A, B and C) Enter on Line 17, Column B of NH-1040	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E Current Period BPT liability from NH-1040, Line 16, Column B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
F BET Credit Deduction this period (the lesser of Line D or Line E) Enter on Line 18, Column B of NH-1040	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G Credit Carryforward Amount (Line D minus Line F) IF NEGATIVE, ENTER ZERO. Carry this amount forward and indicate on Line A in subsequent period.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*Note: The Line A amount in the first column is from Line G, the credit carryforward amount, of the previous year's BET CREDIT WORKSHEET. If this is your initial year of the BET, enter zero.

** Note: The BET credit may be carried forward and allowed against BPT taxes due for 5 (five) taxable periods from the period in which the tax was paid. Any unused credit prior to the 5 most current tax periods expiring in this taxable period is unavailable and should be included in Line C.

STEP 3 Figure Your Credits	Line 18: Enter the lesser amount of Line 16 or Line 17. If Line 17 is greater than Line 16, then a "Business Enterprise Tax Credit" carryforward exists. Any unused portion of the current period's Business Enterprise Tax Credit may be carried forward and allowed against any Business Profits Tax due in a subsequent taxable period.
	Line 19: BUSINESS PROFITS TAX NET OF STATUTORY CREDITS (a) Enter the amount of Line 16 minus Line 18. (b) Enter the sum of Line 19(a) Columns A and B. IF NEGATIVE, ENTER ZERO. ENTER THE AMOUNT FROM LINE 19(b) ON LINE 1(b) OF THE BT-SUMMARY.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
PROPRIETORSHIP BUSINESS PROFITS TAX
PERSONAL COMPENSATION DEDUCTION WORKSHEET

FOR TAXABLE PERIOD		THROUGH
PROPRIETORSHIP NAME OF BUSINESS		FEDERAL EMPLOYER IDENTIFICATION NUMBER DEPARTMENT IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
PROPRIETOR NAME		

1	Personal Compensation Deduction attributed to Proprietor (Enter on Line 7, Form NH-1040)	1	\$	<input type="text"/>
2	Approximate number of hours devoted to Proprietorship affairs during period	2		<input type="text"/>
3	Approximate number of hours devoted to other organizations during period	3		<input type="text"/>
4	Did Proprietor perform services for which another business organization paid (or will pay) salaries/wages? ..	4	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Return on Non-Owner Employees and Business Assets				
5	Number of employees	5		<input type="text"/>
6	Return on non-owner employees	6	\$	<input type="text"/>
(used in determining the personal compensation deduction, as required by RSA 77-A:4, III (a))				
7	Fair market value of all Proprietorship assets (tangible and intangible)	7	\$	<input type="text"/>
8	Return on business assets	8	\$	<input type="text"/>
(used in determining the personal compensation deduction, as required by RSA 77-A:4, III (a))				

Use the worksheet below to calculate the maximum deduction allowable under RSA 77-A:4, III. Please note that, even if the maximum allowable deduction is greater than the value of fair and reasonable compensation for the personal services of the proprietor actually devoting time and effort in the operation of the business organization, only the lower amount can be taken as a deduction on the return.

COMPUTATION OF MAXIMUM COMPENSATION DEDUCTION

9	Net profit or loss (Federal Form 1040, Schedule C)	9	<input type="text"/>
10	Net farm profit or loss (Federal Form 1040, Schedule F)	10	<input type="text"/>
11	Net income from rental properties (Federal Form 1040, Schedule E, and Federal Form 4835)	11	<input type="text"/>
12	Commission for services <u>actually performed</u> by the proprietor in brokering the sale of the business organization's assets (Maximum commission not to exceed 15% of sales price shown on Federal Forms 4797 and 6252, and Federal Form 1065, Schedule D, reduced by any brokerage fee paid to other parties) ..	12	<input type="text"/>
13	Maximum allowable compensation deduction (Sum of Lines 9 through 12)	13	<input type="text"/>

FORM
**NOL
WORKSHEET**

After 6/30/05

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
WORKSHEET FOR APPORTIONMENT OF NET OPERATING LOSS (NOL)

EFFECTIVE FOR TAXABLE PERIODS ENDING ON OR AFTER **JULY 1, 2005** (SEE RSA 77-A:4,XIII)

LINE 1	Enter this period's NOL as defined in the United States Income Tax Regulations relative to IRC Section 172 in effect pursuant to RSA 77-A:4, XIII. If a gain or -0-, DO NOT use this worksheet. (Business organizations not qualifying for treatment as a Subchapter "C" Corporation under the IRC should calculate their NOL as if the business organization were a Subchapter "C" Corporation.)
LINE 2	Enter on Line 2 the current period's New Hampshire apportionment percentage from Form DP-80, Line 5, expressed to six decimal places.
LINE 3	Enter the amount of Line 1 multiplied by Line 2.
LINE 4	From July 1, 2005 and forward, \$1,000,000 is the maximum amount that may be carried forward.
LINE 5	Enter the lesser of Line 3 or Line 4. This is your New Hampshire NOL available from the current period for carryforward.

COMBINED FILERS: Rev 303.03(e) states with regard to NOLs for combined filers that each business organization subject to RSA 77-A shall treat its apportioned share of the combined loss amount as a tax attribute which remains with that business organization. The individual member's net operating loss, pursuant to RSA 77-A:4,XIII applied to the individual member's allocated portion of the BPT liability, should be tracked in the event of an individual member's disposition or acquisition.

YOU MAY USE THIS WORKSHEET IF YOUR CURRENT TAXABLE PERIOD REFLECTS A LOSS FOR NEW HAMPSHIRE GROSS BUSINESS PROFITS AND THE TAXABLE PERIOD ENDS ON OR AFTER JULY 1, 2005. FOR TAXABLE PERIODS ENDING BEFORE JULY 1, 2005, USE A 2004 NOL WORKSHEET AVAILABLE ON OUR WEBSITE.

1 The amount of the current period net operating loss (See tax type line reference below)..... 1		
Proprietorship: Line 8 of NH-1040		
Fiduciary: Line 6 of NH-1041		
Partnership: Line 7 of NH-1065		
Corporation: Line 1(c) of NH-1120		
2 Current period apportionment percentage from Form DP-80, expressed to six decimal places 2		.
3 Apportionment limitations (Line 1 multiplied by Line 2) 3		
4 Statutory limitations (See instructions above) 4		
5 New Hampshire Net Operating Loss available for carryforward (the lesser amount of Line 3 or Line 4) 5		

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NET OPERATING LOSS (NOL) DEDUCTIONFor the CALENDAR year **2007** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

SEQUENCE # 7

NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
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COLUMN (A) Ending date of taxable period in which NOL occurred.			COLUMN (B) New Hampshire net operating loss available for carryforward from Net Operating Loss Worksheets.			COLUMN (C) Amount of NOL carryforward which has been used in taxable periods prior to this taxable period.			COLUMN (D) Amount of NOL to be used as a deduction in this taxable period.			COLUMN (E) Amount of NOL to carryforward to future taxable period.		
Mo	Day	Yr												
1			1			1			1			1		
2			2			2			2			2		
3			3			3			3			3		
4			4			4			4			4		
5			5			5			5			5		
6			6			6			6			6		
7			7			7			7			7		
8			8			8			8			8		
9			9			9			9			9		
10			10			10			10			10		

11 Amount of NOL carryforward deducted this taxable period.

(Sum of Column D, Lines 1-10) 11

This is the amount to be reported on the applicable Business Profits Tax return. **NOTE:** Column (B) less Column (C) should equal the sum of Column (D) plus Column (E). This amount cannot exceed the New Hampshire Adjusted Gross Business Profits before the NOL deduction.

WHEN TO USE THIS FORM	Use this form to detail the NOL carryforward amounts which comprise the current tax period NOL deduction taken on Form NH-1040, NH-1041, NH-1065 or NH-1120. This form must be attached to the New Hampshire tax return in the taxable period the NOL deduction is claimed. No loss amounts incurred before 7/1/97, shall contribute to the net operating loss deduction.
NAME AND SSN	Enter name and SSN, FEIN, or DIN in the space provided. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

Column (A)	Enter the month, day, and year of each taxable period from which the NOL is being carried forward.												
Carry Forward	A net operating loss may be carried forward for the following number of years: <table><tr><td>Tax Year Ending On or Before</td><td>Carryforward</td><td>Losses Incurred</td></tr><tr><td>6/30/02</td><td>5 years</td><td>1/1/89 - 6/30/97</td></tr><tr><td>Tax Year ending On or After</td><td>Carryforward</td><td>Losses Incurred</td></tr><tr><td>7/1/02</td><td>10 years</td><td>On or After 7/1/97</td></tr></table>	Tax Year Ending On or Before	Carryforward	Losses Incurred	6/30/02	5 years	1/1/89 - 6/30/97	Tax Year ending On or After	Carryforward	Losses Incurred	7/1/02	10 years	On or After 7/1/97
Tax Year Ending On or Before	Carryforward	Losses Incurred											
6/30/02	5 years	1/1/89 - 6/30/97											
Tax Year ending On or After	Carryforward	Losses Incurred											
7/1/02	10 years	On or After 7/1/97											
Column (B)	Enter the amount of the NOL which is available for carryforward purposes. <p>For tax periods ending before July 1, 2005, the carryforward amount is computed by first carrying the loss back three years and then offsetting the loss by any profits during those three tax periods. (However, the carryback cannot result in an amended return or a refund in those carryback years). If a loss remains after carryback and offset, then the remaining loss must be apportioned using the apportionment percentage of the loss period. The apportioned loss cannot exceed the following limits based on the tax period the loss was incurred:</p> <p>From July 1, 2003 to June 30, 2004, \$500,000 is the maximum amount that may be carried forward. From July 1, 2004 to June 30, 2005, \$750,000 is the maximum amount that may be carried forward. Prior to July 1, 2003, the maximum amount that may be carried forward is \$250,000.</p> <p>For tax periods ending on or after July 1, 2005, no carryback is required or allowed. In addition, the maximum amount that may be carried forward was increased to \$1,000,000.</p>												
Column (C)	Enter the NOL amount that was claimed as a deduction in the prior taxable period(s).												
Column (D)	Enter only those amounts that will be claimed as a deduction this taxable period.												
Column (E)	Enter the excess amount(s) available for future deduction.												

Administrative Rule Rev 303 of the New Hampshire Business Profits Tax includes guidance on how to compute the NOL. The RSA's and administrative rules regarding NOL provisions (RSA 77-A:4,XIII and Rev 303.03) may be obtained from our web site at www.revenue.nh.gov or by visiting any New Hampshire Depository Library or the New Hampshire State Library, 20 Park Street, Concord, NH 03301, where copies may be made for a fee. Forms may be ordered for free by calling our forms line at (603) 271-2192. If you do not have access to the internet, or if you have specific questions concerning NOL provisions, please contact Central Taxpayer Services, telephone (603) 271-2191. Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
NON-CORPORATE BUSINESS PROFITS TAX RECONCILIATION
OF NEW HAMPSHIRE GROSS BUSINESS PROFITS

NON-CORP

Schedule R

For the CALENDAR year _____ or other taxable period beginning _____ and ending _____

SEQUENCE # 4B

Name _____	FEIN, SSN or DIN _____
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This Schedule R shall be used to reconcile the federal income calculations of the federal partnership and proprietorship income tax return filed with the Internal Revenue Service to the federal income calculated using the Internal Revenue Code (IRC) in effect on December 31, 2000. The revised calculation of federal income shall be used for the New Hampshire income on Line 1(a) through 1(c) and Lines 2 and 3 of the NH-1065 return and income on Lines 1 through 5 of the NH-1040 return. Since the income activities are segregated on the partnership and proprietorship returns, this Schedule R must be used for each income type where IRC Section 179 and bonus depreciation deductions have been taken. Check the appropriate box in the Activities section below to indicate the income activity. If only asset sales require a reconciliation, skip Lines 1 through 4 of this form.

If you are filing a **Fiduciary** Business Profits Tax return, Form NH-1041, you must compute your IRC Section 179 and depreciation expense in Line 2 of the NH-1041 using the IRC in effect pursuant to RSA 77-A:1,XX. You may use the Federal Form 4562, Depreciation and Amortization (2000 Tax Year) to calculate these deductions. If you have any questions, please call Central Taxpayer Services at (603) 271-2191.

STEP 1 Federal ordinary income, profit, expense (loss) reconciled on this form. (Use a separate Schedule R for each type of activity indicated below. Indicate the activity being reconciled with a check mark.)

ACTIVITIES	Partnership Activities	Proprietorship Activities
	A <input type="checkbox"/> Ordinary Income (Loss) from Trade or Business Activities	G <input type="checkbox"/> Net Profit (Loss) from Business
	B <input type="checkbox"/> Net Income (Loss) from Rental Real Estate Activities	H <input type="checkbox"/> Income (Loss) from Rental Activities
	C <input type="checkbox"/> Net income (Loss) from Other Rental Activities	I <input type="checkbox"/> Net Farm Rental Profit (Loss)
	D <input type="checkbox"/> Other Income (Loss) from Partnership Activities	J <input type="checkbox"/> Net Farm Profit (Loss)
	E <input type="checkbox"/> Net Gain (Loss) from Sale of Assets	K <input type="checkbox"/> Net Gain (Loss) from Sale of Assets
	F <input type="checkbox"/> Installment Sales	L <input type="checkbox"/> Installment Sales

STEP 2 DEPRECIATION ADJUSTMENTS	<p>1 Adjusted Federal Income or Loss from Trade or Business Activities</p> <p>(a) Federal Income (Loss) from Trade or Business Activities from return filed with IRS 1(a) <input style="width: 150px;" type="text"/></p> <p>(b) Gain (loss) included in Line 1(a) on sale of assets acquired after September 10, 2001 or on which additional IRC Section 179 expense was taken 1(b) <input style="width: 150px;" type="text"/></p> <p>(c) Adjusted Federal Income (Loss) from Trade or Business Activities. [Line 1(a) plus Line 1(b)] 1(c) <input style="width: 150px;" type="text"/></p> <p>2 Additions required to Federal Income:</p> <p>(a) IRC Section 179 expense taken on federal return for assets placed in service during current taxable period 2(a) <input style="width: 150px;" type="text"/></p> <p>(b) Bonus depreciation on assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2006 for certain assets) (Federal Form 4562) 2(b) <input style="width: 150px;" type="text"/></p> <p>(c) Current year depreciation reported on federal return for assets for which additional Section 179 deductions were reported in any taxable period and/or for which bonus depreciation was reported in any taxable period. 2(c) <input style="width: 150px;" type="text"/></p> <p>(d) Other amounts reported on federal return that need to be eliminated due to revisions to the IRC in effect on December 31, 2000 2(d) <input style="width: 150px;" type="text"/></p> <p>(e) Total additions [Sum of Lines 2(a) through Line 2(d)] 2(e) <input style="width: 150px;" type="text"/></p> <p>3 Deductions required from Federal Income: (The deductions allowed in this section are the deductions that would be allowed on assets placed in service in 2001 through 2007 using the IRC in effect pursuant to RSA 77-A:1,XX)</p> <p>(a) IRC Section 179 expense allowed on assets placed in service during current taxable period 3(a) <input style="width: 150px;" type="text"/></p> <p>(b) Current year depreciation allowable for assets for which bonus depreciation deductions were reported for any taxable period and/or additional Section 179 deductions for any period were reported on the federal return 3(b) <input style="width: 150px;" type="text"/></p> <p>(c) Other deductions required due to revisions to the IRC in effect pursuant to RSA 77-A:1, XX. 3(c) <input style="width: 150px;" type="text"/></p> <p>(d) Total deductions [Sum of Lines 3(a) through Line 3(c)] 3(d) <input style="width: 150px;" type="text"/></p> <p>4 Adjusted Gross Business Profits [Line 1(c) plus Line 2(e) minus Line 3(d)] (Enter this amount on the appropriate line of your NH-1040 or NH-1065 Business Profits Tax return) ... 4 <input style="width: 150px;" type="text"/></p>	
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STEP 3 ASSET SALES	<p>5 Adjustments required on sale of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2006 for certain assets) or on which the additional IRC Section 179 expense was taken. (The federal calculation of any gain (loss) on the sale of these assets must be adjusted to reflect the different New Hampshire basis for the assets).</p> <p>(a) Gross sale price for assets acquired and placed in service after September 10, 2001, and before January 1, 2005 (January 1, 2006 for certain assets) or on which the additional IRC Section 179 expense was taken, and sold in current period 5(a) <input style="width: 150px;" type="text"/></p> <p>(b) New Hampshire basis of assets acquired and placed in service after September 10, 2001, and before January 1, 2005 (January 1, 2006 for certain assets) or on which the additional IRC Section 179 expense was taken, and sold in current taxable period plus related selling expenses 5(b) <input style="width: 150px;" type="text"/></p> <p>(c) New Hampshire gain (loss) on sale of assets acquired and placed in service after September 10, 2001 and before January 1, 2005 (January 1, 2006 for certain assets) or on which the additional IRC Section 179 expense was taken. [Line 5(a) less Line 5(b)]. Place this amount on the appropriate line of your NH-1040 or NH-1065 Business Profits Tax Return 5(c) <input style="width: 150px;" type="text"/></p>	
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NON-CORP**NON-CORPORATE BUSINESS PROFITS TAX
RECONCILIATION OF NEW HAMPSHIRE GROSS BUSINESS PROFITS**

Schedule R Instructions

LINE-BY-LINE INSTRUCTIONS

STEP 1	ACTIVITIES Check the boxes to indicate the activities that apply.																						
STEP 2	DEPRECIATION ADJUSTMENTS																						
LINE 1(a)	Partnership Returns <u>Ordinary Income (Loss)</u> - Enter the amount from the Federal Partnership Income Tax Return (Form 1065) being filed with the Internal Revenue Service for the same taxable period. <u>Net Income (Loss) from Rental Real Estate Activities</u> - Enter the amount from Schedule K, Line 2 or Federal Form 8825, Line 21. <u>Net Income (Loss) from Other Rental Activities</u> - Enter the amount from Schedule K. <u>Other Income (Loss) from Partnership Activities</u> - Enter the amount of income (loss) not included elsewhere on this reconciliation. Proprietorship Returns <u>Net Profit (Loss) from Business</u> - Enter the amount from Schedule C of your Federal Individual Income Tax Return (IRS Form 1040). <u>Income (Loss) from Rental Activities</u> - Enter the total from Part I, Schedule E of your Federal Individual Income Tax Return (IRS Form 1040). <u>Farm Rental Profit (Loss)</u> - Enter the total from Federal Form 4835. <u>Net Farm Profit (Loss)</u> - Enter the amount from Schedule F of your Federal Individual Income Tax return (IRS Form 1040.)																						
LINE 1(b)	From Part II of Federal Form 4797, and Form 1065, Schedule K enter the total amount of current-period <u>ordinary gains or losses</u> that pertains to sales of business assets on which additional IRC Section 179 expenses were reported in any year and/or for which bonus depreciation was reported in any year.																						
LINE 1(c)	Enter the sum of Line 1(a) plus Line 1(b).																						
LINE 2(a)	Enter on Line 2(a) the amount from Line 12 on each Depreciation and Amortization form (IRS Form 4562).																						
LINE 2(b)	Enter on Line 2(b) the amount from Lines 14 and 25 on each Depreciation and Amortization form (IRS Form 4562).																						
LINE 2(c)	Determine the amount of depreciation included within Lines 15, 17, 19, 20, 26(h) and 27(h) of IRS Form 4562 for only those assets included in this specific reconciliation relating to: • Assets acquired by the taxpayer after September 10, 2001, and before January 1, 2005, which were placed in service before January 1, 2005 (January 1, 2006 for certain assets) upon which the bonus depreciation was taken during any taxable period; and • Assets acquired after December 31, 2000 for which an IRC Section 179 deduction was taken during any taxable period. NOTE: If an asset had both bonus depreciation and Section 179 deductions taken during any taxable period, only include the amount of depreciation one time for that asset. • Add the amounts determined above together and enter the total on Line 2(c).																						
LINE 2(d)	Other additions required due to revisions to the IRC in effect on December 31, 2000. (Attach a brief description of the additions).																						
LINE 2(e)	Enter the sum of Lines 2(a) through Line 2(d).																						
LINE 3(a)	Enter the amount of IRC Section 179 expense deduction that would have been allowed under the IRC in effect on December 31, 2000. The maximum allowed under that code was \$20,000.																						
LINE 3(b)	Using the general and alternative depreciation systems and the "Listed Property" depreciation regulations under the IRC in effect on December 31, 2000, calculate for only the assets included in this specific reconciliation the amount of current-period depreciation on: • Assets acquired after September 10, 2001, and before January 1, 2005, which were placed in service before January 1, 2005 (January 1, 2006 for certain assets) upon which the bonus depreciation was taken during any taxable period and, • Assets acquired after December 31, 2000 for which an IRC Section 179 deduction was taken during any taxable period. • Add the amounts determined above together and enter the total on Line 3(b). NOTE: The Federal Depreciation and Amortization form (IRS Form 4562-2000) or a supplemental depreciation schedule may be used to calculate the amount.																						
LINE 3(c)	Other deductions required due to revisions to the IRC in effect on December 31, 2000. (Attach a brief description of the deductions.)																						
LINE 3(d)	Enter the sum of Lines 3(a) through Line 3(c).																						
LINE 4	Add the amount on Line 1(c) plus Line 2(e) minus Line 3(d). Depending on the type of reconciliation, enter this amount on the appropriate line of your New Hampshire Business Profits Tax return as indicated below. Type of Reconciliation: <table border="0" style="width: 100%;"> <tr> <td></td><td style="text-align: right;">Enter Line 4 Amount on:</td></tr> <tr> <td><u>Partnership</u></td><td style="text-align: right;"><u>Return</u> <u>Line</u></td></tr> <tr> <td>Ordinary Income (Loss) from Trade or Business Activities</td><td style="text-align: right;">NH-1065 1(a)</td></tr> <tr> <td>Net Income (Loss) from Rental Real Estate Activities</td><td style="text-align: right;">NH-1065 1(b)</td></tr> <tr> <td>Net Income (Loss) from Other Rental Activities</td><td style="text-align: right;">NH-1065 1(c)</td></tr> <tr> <td>Other Income (Loss) from Partnership Activities</td><td style="text-align: right;">NH-1065 1(f)</td></tr> <tr> <td><u>Proprietorship</u></td><td></td></tr> <tr> <td>Net Profit (Loss) from Business</td><td style="text-align: right;">NH-1040 1</td></tr> <tr> <td>Income (Loss) from Rental Activity</td><td style="text-align: right;">NH-1040 2(a)</td></tr> <tr> <td>Net Farm Rental Profit (Loss)</td><td style="text-align: right;">NH-1040 2(b)</td></tr> <tr> <td>Net Farm Profit or (Loss)</td><td style="text-align: right;">NH-1040 3</td></tr> </table>		Enter Line 4 Amount on:	<u>Partnership</u>	<u>Return</u> <u>Line</u>	Ordinary Income (Loss) from Trade or Business Activities	NH-1065 1(a)	Net Income (Loss) from Rental Real Estate Activities	NH-1065 1(b)	Net Income (Loss) from Other Rental Activities	NH-1065 1(c)	Other Income (Loss) from Partnership Activities	NH-1065 1(f)	<u>Proprietorship</u>		Net Profit (Loss) from Business	NH-1040 1	Income (Loss) from Rental Activity	NH-1040 2(a)	Net Farm Rental Profit (Loss)	NH-1040 2(b)	Net Farm Profit or (Loss)	NH-1040 3
	Enter Line 4 Amount on:																						
<u>Partnership</u>	<u>Return</u> <u>Line</u>																						
Ordinary Income (Loss) from Trade or Business Activities	NH-1065 1(a)																						
Net Income (Loss) from Rental Real Estate Activities	NH-1065 1(b)																						
Net Income (Loss) from Other Rental Activities	NH-1065 1(c)																						
Other Income (Loss) from Partnership Activities	NH-1065 1(f)																						
<u>Proprietorship</u>																							
Net Profit (Loss) from Business	NH-1040 1																						
Income (Loss) from Rental Activity	NH-1040 2(a)																						
Net Farm Rental Profit (Loss)	NH-1040 2(b)																						
Net Farm Profit or (Loss)	NH-1040 3																						
STEP 3	ASSET SALES																						
LINE 5	Lines 5(a) through Line 5(c) need to be completed only when assets acquired after September 10, 2001 and before January 1, 2005, which were placed in service before January 1, 2005 (January 1, 2006 for certain assets) upon which bonus depreciation was taken or on assets which additional IRC Section 179 expense was taken are disposed of before they have been fully depreciated under both the Federal and New Hampshire depreciation methods. The assets will have a different basis for Federal and New Hampshire purposes until they are fully depreciated, under both methods, creating a different calculation of gain or loss.																						
LINE 5(a)	Enter the total amount of the gross sales prices on assets described in the Line 5 paragraph that were sold in the taxable period.																						
LINE 5(b)	Determine the amount of the New Hampshire basis for the assets described in Line 5 above which were sold in the taxable period and add the related selling expenses. Enter the amount calculated on Line 5(c). The New Hampshire basis is the original cost to acquire the asset plus the cost of any improvements reduced by the amount of IRC Section 179 and depreciation expenses as determined using the IRC in effect on December 31, 2000. Refer to the instructions for Line 3(a) and 3(b) to calculate the amount of allowable IRS Section 179 expense and depreciation.																						
LINE 5(c)	Subtract Line 5(b) from Line 5(a) and enter the result on Line 5(c).																						
RECORD YOUR RESULT	For a partnership, enter the amount from Line 5(c) of this form on Line 2 or Line 3, as appropriate, of the Partnership Business Profits Tax return (Form NH-1065). For a proprietorship, enter the amount from Line 5(c) of this form on Line 4 or Line 5, as appropriate, of the Proprietorship Business Profits Tax return (Form NH-1040). Reminder - The Schedule R must be attached to your Partnership (NH-1065) or Proprietorship (NH-1040) Business Profits Tax return.																						

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**EXCEPTIONS AND PENALTY
 FOR THE UNDERPAYMENT OF ESTIMATED TAX**

CHECK ONE:

☐ BUSINESS TAX
 RETURNS

☐ INTEREST & DIVIDENDS
 TAX RETURN

☐ OTHER _____

SEQUENCE #6

For the CALENDAR year **2007** or other taxable period beginning _____ and ending _____
 Mo Day Year Mo Day Year

NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
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PART I - FIGURE YOUR UNDERPAYMENT

- 1 Current year tax..... \$
- 2 90% of Line 1 (Line 1 x .90)..... \$
- 3(a) Enter in columns A through D the installment dates that correspond to the 15th of the 4th, 6th, 9th, and 12th months of your tax period or specify statutory due dates. (I&D filers see instructions).....
- 3(b) Applicable percentages.....
- 3(c) Enter Line 2 multiplied by Line 3(b) for columns A through D.....
- 4 Amount paid timely or credited for each period.....
- 5 Overpayment of previous installment.....
- 6 Total (Line 4 plus Line 5).....
- 7 Overpayment [Line 6 minus Line 3(c)]. Enter in Line 5 next column.....
- 8 Underpayment (Line 3(c) minus Line 6).....

A	B	C	D
25%	25%	25%	25%

PART II - EXCEPTIONS TO PENALTY - SEE INSTRUCTIONS

- 9 Cumulative amount paid or credited from the beginning of the tax year through the installment dates that correspond to the 15th day of the 4th, 6th, 9th, and 12th months of your tax period from Line 4. (I&D calendar year filers see instructions).....
- 10 Applicable percentages.....
- 11 Exception, pursuant to RSA 21-J:32,IV(a), prior period's tax (prior year must be 12 full months).....
- 12 Applicable percentages.....
- 13 Exception, pursuant to RSA 21-J:32,IV(b), prior period's tax base and facts using current years tax rate.....
- 14 Applicable percentages.....
- 15 Exception, pursuant to RSA 21-J:32,IV(c), tax on annualized income (Attach Schedule).....

A	B	C	D
25%	50%	75%	100%
25%	50%	75%	100%
22.5%	45%	67.5%	90%

PART III - COMPUTE THE PENALTY

- 16 Amount of underpayment from Part I, Line 8.....
- 17 Enter the date of payment or statutory due date of tax, whichever is earlier.....
- 18 Enter the number of days from installment date [Line 3(a)] to date shown on Line 17.....
- 19 Interest due through 12/31/07 $\frac{\text{Number of days} \times 10\%}{365} \times \text{Underpayment amount (Line 16)}$ at 10%: (see instructions).....
- 20 Interest due after 12/31/07 $\frac{\text{Number of days} \times 10\%}{365} \times \text{Underpayment amount (Line 16)}$ at 10%: (see instructions).....
 Note: For interest rate in other years see instructions
- 21 Penalty for Underpayment of Estimated Tax (Line 19 plus Line 20).....
- 22 Total Penalty for Underpayment of Estimated Tax (Total of columns A through D, Line 21).....

A	B	C	D

**EXCEPTIONS AND PENALTY
FOR THE UNDERPAYMENT OF ESTIMATED TAX
INSTRUCTIONS**

At the top of the return enter the beginning and ending dates of the taxable period if different from the calendar year.

Please PRINT the taxpayer's name, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) in the spaces provided. If you have received a booklet of tax forms that are preprinted, please use that form.

Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.

NOTE **Effective January 1, 2004 if the Interest and Dividend tax for the current taxable period is less than \$500 do not complete this form.** If you made late partial estimated tax payments, or if this form does not adequately provide instructions for payments you have made, please contact Central Taxpayer Services at (603) 271-2191. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964.

PART I - FIGURE YOUR UNDERPAYMENT

LINE 3(a)	For Interest and Dividends calendar year filers, fourth quarter estimates are due January 15, 2009 .
LINE 3(c)	Enter in Columns A through D the amount of Line 2 multiplied by Line 3(b).
LINE 4	Enter only the estimated amounts paid timely. Any amounts paid after the specified date [Line 3(a)] should be entered in the next quarter.
LINE 5	Enter any overpayment computed on Line 7 for the previous period. For example, Line 5 Column B will correspond to Line 7 column A.
LINE 8	If Line 8 shows an underpayment, and you do not meet an exception for that quarter, then you must compute the penalty. If there is no underpayment in Columns A through D, you need not complete the remainder of this form.

PART II - EXCEPTIONS TO PENALTY

LINE 9	For Interest and Dividends calendar year filers, fourth quarter estimates are due January 15, 2009 .
LINE 11	Exception pursuant to RSA 21-J:32, IV(a) - Prior period's tax. The prior year must have been a full twelve months and there must have been a tax liability. Multiply the annual tax paid in the previous year by the percentage shown in the boxes on Line 10, Columns A through D to calculate the exception amounts. If the amounts shown on Line 9, Columns A through D are greater than or equal to Line 11 corresponding columns A through D, you qualify for exception (a). Do not complete Part III for any column in which you qualify for exception (a).
LINE 13	Exception pursuant to RSA 21-J:32, IV(b) - Prior year's tax base and facts using current period tax rate. Multiply your prior year taxable base by the current tax rate to arrive at an adjusted tax. Multiply the adjusted tax by the percentage shown in the boxes on Line 12, Columns A through D to calculate the exception amounts. If the amounts shown on Line 9 Columns A through D are greater than or equal to Line 13 corresponding Columns A through D, you qualify for exception (b). Do not complete Part III for any column in which you qualify for exception (b).
LINE 15	Exception pursuant to RSA 21-J:32, IV(c) - Annualized Income. This exception may be applicable to taxpayers experiencing periodic fluctuations in income. This exception applies if the estimated tax paid was 90% or more of the amount the taxpayer would owe if its estimated tax was figured on an annualized basis for the months preceding an installment date. A taxpayer may annualize its income as follows: (a) For the first 3 months, if the installment was required to be paid in the 4th month. (b) For the first 3 months or the first 5 months, if the installment was required to be paid in the 6th month. (c) For the first 6 months or for the first 8 months, if the installment was required to be paid in the 9th month. (d) For the first 9 months or for the first 11 months, if the installment was required to be paid in the 12th month. To annualize, divide the taxable base for the period by the number of months in the period (3,5,6,8,9, or 11, as the case may be) then multiply the result by 12. Multiply the result by the current year's tax rate. Multiply the result of the preceding calculation by the percentage shown in the boxes on Line 14, Columns A through D to calculate the exception amount. Do not complete Part III for any column in which you qualify for exception pursuant to RSA 21-J:32, IV(c). If you qualify for the exception, pursuant to RSA 21-J:32, IV(c), you must attach a schedule to this form showing the annualized income computations.

PART III - COMPUTE THE PENALTY

LINES 16 & 22	Complete Lines 16 through 21 for each quarter for which there was an underpayment of estimated tax and no exception to the penalty was met. For the number of days indicated on Line 18, determine the number of days from installment due date to 12/31/06 and after 12/31/06. Include the amounts in the calculation shown on Lines 19 and 20. NOTE: The interest rate is recomputed each year under the provisions of RSA 21-J:28, II. Applicable rates are as follows (contact the department for applicable rates for any other years):
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PERIOD	RATE	DAILY RATE DECIMAL EQUIVALENT
1/1/2008 - 12/31/2008	10%	.000273
1/1/2007 - 12/31/2007	10%	.000274
1/1/2006 - 12/31/2006	8%	.000219
1/1/2005 - 12/31/2005	6%	.000164
1/1/2004 - 12/31/2004	7%	.000191

CALCULATION:

Tax Due X number of days from the installment due date to the date on Line 17 x Daily Rate Decimal Equivalent. The sum of days allocated between Lines 19 and 20 must equal the total days on Line 18.

TO MAKE YOUR PAYMENT ON-LINE ACCESS OUR WEB SITE AT
www.revenue.nh.gov

1 Who Must Pay Estimated Tax

Every entity required to file a Business Profits and/or Business Enterprise Tax return must also make estimated tax payments for each individual tax for its subsequent taxable period unless the annual estimated tax for the subsequent taxable period for each individual tax is less than \$200. However, quarterly payments are required to be made whenever your **annual** estimated tax for the subsequent taxable period equals or exceeds \$200 for either tax. (See paragraph 6 for exceptions).

2 Where to Make Payments

Make estimated tax payments on line at www.revenue.nh.gov or mail estimated tax payments to:

NH DRA (NH DEPT OF REVENUE ADMINISTRATION)
PO BOX 637
CONCORD NH 03302-0637

3 When to Make Payments

CALENDAR YEAR FILERS:

1st quarterly payment due April 15, 2008
2nd quarterly payment due June 16, 2008
3rd quarterly payment due September 15, 2008
4th quarterly payment due December 15, 2008

FISCAL YEAR FILERS:

A quarterly payment is due on or before the 15th day of the 4th, 6th, 9th, and 12th months of the taxable period to which they relate.

FISCAL YEAR FILERS MUST ENTER THE TAX PERIOD ON EACH ESTIMATE FORM.

4 Payment of Estimated Tax

Estimated tax may be paid in full with the initial declaration or in installments on the due dates.

You may make all four estimate payments at one time over the Internet. Specify each date you want a payment to be made from your account and each payment will be withdrawn on the date you specified.

5 Underpayment Penalty

A penalty may be imposed by law (RSA 21-J:32) for an underpayment of estimated taxes if the payments are less than 90% of that period's tax liability. If estimate payments are not made on time, even if 90% of the tax is eventually paid, an underpayment penalty may be applied. If an estimated payment is missed, send the payment as soon as possible to reduce any penalty.

This penalty will not be imposed if any of the statutory exceptions apply. See Form DP-2210/2220.

6 Exceptions to the Underpayment Penalty

The penalty shall not apply if you meet one of the exceptions provided in the law (RSA 21-J:32). Please use Form DP-2210/2220 to see if you meet one of the exceptions or to compute the amount of the penalty.

7 Need Help

QUESTIONS not covered herein may be answered in our Frequently Asked Questions (FAQ) brochure available on our web site at www.revenue.nh.gov or by calling Central Taxpayer Services at (603) 271-2191.

Individuals who need auxiliary aids for effective communications in programs and services of the New Hampshire Department of Revenue Administration are invited to make their needs and preferences known. Individuals with hearing or speech impairments may call TDD Access: Relay NH 1-800-735-2964

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX

TO MAKE YOUR PAYMENTS ON-LINE, ACCESS OUR WEB SITE AT www.revenue.nh.gov

1	ESTIMATED TAX BASE AND/OR GROSS BUSINESS PROFITS	BET(a)	BPT(b)
a	BET Taxable Base After Apportionment.....		
b	New Hampshire Taxable Business Profits After Apportionment.....		
2	TAX		
a	Line 1(a) x .0075.....		
b	Line 1(b) x .085.....		
3	CREDITS		
a	RSA 162-L, CDFA (Investment Tax Credit)		
b	RSA 162-N, CROP (Community Reinvestment Opportunity Program)		
c	RSA 77-A:5 (Please be sure to include the BET Credit).....		
4	Estimated tax for current year [Line 2 minus Line 3(a), 3(b) and/or 3(c)].....		
5	Overpayment from previous taxable period.....		
6	Balance of Business Taxes Due (Line 4 minus Line 5).....		

COMPUTATION and RECORD of PAYMENTS

Date Paid	BET	Amount of each Installment (1/4 of Line 6 above)	BPT	Total Due (BET and/or BPT)	CALENDAR YEAR DUE DATES
1.....	\$.....	\$.....	\$.....	\$.....	April 15, 2008
2.....	\$.....	\$.....	\$.....	\$.....	June 16, 2008
3.....	\$.....	\$.....	\$.....	\$.....	Sept. 15, 2008
4.....	\$.....	\$.....	\$.....	\$.....	Dec. 15, 2008

ESTIMATE TAX FORM INSTRUCTIONS

- Line 1 Enter ¼ of the Business Enterprise Tax calculated on Line 6 BET(a) in the tax worksheet above.
 Line 2 Enter ¼ of the Business Profits Tax calculated on Line 6 BPT(b) in the tax worksheet above.
 Line 3 Enter the TOTAL payment sum of Lines 1 and 2.

IMPORTANT:

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET

(Cut along this line and keep the Estimated Tax Worksheet above for your records)

FORM NH-1040-ES 732		NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2008 If required to use DIN, do not use SSN or FEIN	
For the CALENDAR year 2008 or other taxable period beginning _____ and ending _____			
PLEASE PRINT OR TYPE		FOR DRA USE ONLY	
PROPRIETOR'S LAST NAME SPOUSE'S LAST NAME		FIRST NAME & INITIAL FIRST NAME & INITIAL	
SINGLE MEMBER LIMITED LIABILITY COMPANY NUMBER AND STREET ADDRESS ADDRESS (continued) CITY/TOWN, STATE & ZIP CODE		SOCIAL SECURITY NUMBER SOCIAL SECURITY NUMBER FEDERAL EMPLOYER IDENTIFICATION NUMBER DEPARTMENT IDENTIFICATION NUMBER	
MAIL NH DRA TO: PO BOX 637 CONCORD NH 03302-0637		Make checks payable to: STATE OF NEW HAMPSHIRE . Enclose, but do not staple or tape your payment to this estimate. Do not file a \$0 estimate.	
Amount of This Payment 3		¼ BET 1 \$ ¼ BPT 2 \$ 3	

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2008

If required to use DIN, do not use SSN or FEIN

For the CALENDAR year **2008** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

PROPRIETOR'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SINGLE MEMBER LIMITED LIABILITY COMPANY		FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER AND STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
ADDRESS (continued)		
CITY/TOWN, STATE & ZIP CODE		

FOR DRA USE ONLY

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Amount of This Payment 3 \$

Make checks payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape your payment to
this estimate. Do not file a \$0 estimate.NH-1040-ES
Rev. 09/2007

(Cut along this line)

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2008

If required to use DIN, do not use SSN or FEIN

For the CALENDAR year **2008** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

PROPRIETOR'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SINGLE MEMBER LIMITED LIABILITY COMPANY		FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER AND STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
ADDRESS (continued)		
CITY/TOWN, STATE & ZIP CODE		

FOR DRA USE ONLY

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Amount of This Payment 3 \$

Make checks payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape your payment to
this estimate. Do not file a \$0 estimate.NH-1040-ES
Rev. 09/2007

(Cut along this line)

FORM

NH-1040-ES

732

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED PROPRIETORSHIP BUSINESS TAX - 2008

If required to use DIN, do not use SSN or FEIN

For the CALENDAR year **2008** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

FOR DRA USE ONLY

PLEASE PRINT OR TYPE

PROPRIETOR'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
SINGLE MEMBER LIMITED LIABILITY COMPANY		FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER AND STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
ADDRESS (continued)		
CITY/TOWN, STATE & ZIP CODE		

FOR DRA USE ONLY

MAIL NH DRA
TO: PO BOX 637
CONCORD NH 03302-0637

Amount of This Payment 3 \$

Make checks payable to: **STATE OF NEW HAMPSHIRE.**
Enclose, but do not staple or tape your payment to
this estimate. Do not file a \$0 estimate.NH-1040-ES
Rev. 09/2007

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
RESEARCH & DEVELOPMENT TAX CREDIT APPLICATION

Taxable period end date: _____ Date of Request: _____
month day year month day year

1	Name (Principal NH Filer if combined group):	5	Federal Employer Identification Number:
2	Street Address:	5(a)	Social Security Number:
	Address (continued):	5(b)	Department Identification Number:
3	City/State/Zip:		
4	Contact Name & Title:	Telephone Number:	
6	Qualified Manufacturing Research & Development expenditures (wages only) per Federal return: <input type="text"/> Attach copy of Federal Form 6765, Credit for Increasing Research Activities		
7	Qualified Manufacturing Research & Development expenditures (wages only) attributable to NH: <input type="text"/>		
8	Amount of Research & Development Credit requested (Line 7 x 10%) not to exceed \$50,000: <input type="text"/>		

Signature (in ink)

Date _____

Print Name & Title

MAIL TO: NHDRA
PO Box 488
Concord, NH 03302-0488

FOR DRA USE ONLY

R&D Tax Credit Application
DP-165
Rev. 9/07

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
RESEARCH & DEVELOPMENT TAX CREDIT APPLICATION
 LINE BY LINE INSTRUCTIONS

RSA 77-A:5, XIII allows for a research & development credit for qualified manufacturing research & development expenditures made or incurred during the fiscal year of the company. The taxpayer shall apply for this credit using the Research and Development Tax Credit Application (Form DP-165) which shall be postmarked no later than **June 30** following the taxable period during which research and development expenditure was made or incurred.

Taxable period end date	Include the taxable period end date of the company.
Date of Request	Enter the current date of the application.
Lines 1 - 5	Enter the Principal Filer's Name, Address, the Contact Person's Name and Title, Federal Employer Identification Number (FEIN), Social Security Number (SSN), or Department Identification Number (DIN) of the entity requesting the Research and Development Credit. Wherever FEINs are required, taxpayers who have been issued a DIN shall use their DIN only and not their FEIN.
Line 6	Enter the amount of the Qualified Manufacturing Research & Development expenditures as defined in RSA 77-A:5, XIII(b)(1), and reported on Line 5 the Federal Form 6765 (wages only). Attach a copy of Federal Form 6765.
Line 7	Enter the amount of the Qualified Manufacturing Research & Development expenditures as defined in RSA 77-A:5, XIII(b)(1) that are attributable to New Hampshire activities (wages only).
Line 8	Enter the amount of Research & Development Credit requested by multiplying the New Hampshire Qualified Manufacturing Research & Development expenditures by 10 percent (Line 7 x 10%), not to exceed \$50,000.
Signatures	The application must be dated and signed in ink by the taxpayer or authorized agent. In addition, print the name and title of the officer or authorized agent signing the application.
	Mail to: NH DRA, PO Box 488, Concord, NH 03302-0488

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
SCHEDULE OF BUSINESS PROFITS TAX CREDITS
RSA 77-A:5

SEQUENCE # 8

CREDIT FOR TAXES PAID UNDER RSA 400-A	A business organization which is also subject to the tax imposed under a creditable tax shall be allowed a credit against its Business Profits Tax liability for the Insurance Premium tax liability paid on the related return for the prescribed due date that falls within its taxable period for Business Profits Tax purposes. If the taxable period for the Business Profits Tax is different from that for the creditable taxes, then the business organization shall be allowed the credit for the taxable period that ends within the tax period for Business Profits Tax purposes. For example, a Business Profits Tax calendar year 2007 filer would be allowed a credit for the total creditable tax liability paid on the 2006 return due in March 2007.
WHEN TO USE	Use this Form DP-160 Schedule CR to report credits taken pursuant to RSA 77-A:5, RSA 162-L and RSA 162-P.
Name and ID Numbers	In the spaces provided on this Schedule CR, enter the beginning and ending dates of the taxable period if different from the calendar year. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.
Name, and Identification Numbers	Please PRINT the taxpayer's name, Social Security Number (SSN), Federal Employer Identification Number (FEIN), or Department Identification Number (DIN) in the spaces provided. If you have received a booklet of tax forms that are preprinted, please use that form. Social Security Numbers are required pursuant to the authority granted by 42 U.S.C.S., Section 405. Wherever SSN's or FEIN's are required, taxpayers who have been issued a DIN, shall use their DIN only, and not SSN or FEIN.
LINE 1	Enter the total amount of taxes paid pursuant to RSA 400-A, Taxation of Insurance Companies.
LINE 2	CDFA-Investment Tax Credit, per RSA 162-L and RSA 77-A:5, XI. 2(a) Credit for this tax period \$ _____ 2(b) Credit from prior tax period \$ _____ 2(c) Subtotal of Lines 2(a) and 2(b). Not to exceed \$1,000,000* \$ _____ 2(d) Minus CDFA-Investment Tax Credits utilized against the taxes imposed by RSA 400-A and/or RSA 77-E \$ _____ Enter on Line 2 below. 2(e) Total credit available against Business Profits Tax liability \$ _____
LINE 3	The Economic Revitalization Zone (ERZ) Tax Credit enter the amount of any ERZ Credit as authorized by the New Hampshire Department of Resources and Economic Development (DRED) pursuant to RSA 162-N and RSA 77-A:5, XII.
LINE 4	Research & Development Tax Credit enter the amount of credit awarded by the Department with taxpayer's application (Form DP-165) pursuant to RSA 162-P and RSA 77-A:5, XIII.
* If any portion of the CDFA-Investment Tax Credit is claimed on Line 6 of the BET return, or claimed as a credit against the New Hampshire Insurance Premium Tax, then the combined total of the CDFA credit shall not exceed \$1,000,000.	
LINE 5	Enter the sum of Lines 1, 2, 3, and 4.
LINE 6	Enter the amount of New Hampshire Business Profits Tax as computed on Form NH-1120, Form NH-1065, Form NH-1041 or Form NH-1040.
LINE 7	Enter the lesser amount of Line 5 or Line 6. This is the total amount of statutory credits allowed under RSA 77-A:5. Enter this amount on the line "CREDITS ALLOWED UNDER RSA 77-A:5" on your New Hampshire Business Profits Tax return.

For the CALENDAR year **2007** or other taxable period beginning _____ and ending _____
Mo Day Year Mo Day Year

NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER OR DEPARTMENT IDENTIFICATION NUMBER
------	------------------------------------------------------------------------------------------------------

1	Taxes paid pursuant to RSA 400-A Taxation of Insurance Companies 1 (This is net of BET if BET was taken as a credit against RSA 400-A)		
2	CDFA - Investment Tax Credit 2		
3	Economic Revitalization Zone Tax Credit..... 3		
4	Research & Development Tax Credit 4		
5	Total credits allowable pursuant to RSA 77-A:5 (Enter the sum of Lines 1 through 4)..... 5		
6	Total New Hampshire Business Profits Tax 6		
7	Total amount of allowable credits (Enter the lesser of Line 5 or Line 6) 7		

Total amount of these credits shall not exceed the tax due under RSA 77-A.

